


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 526721</b> 1. Entity Name <b>STELMAR PROPERTIES, INC.</b>	
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<b>Principal Place of Business</b> 5550 NORTH OCEAN DRIVE BLDG 200, APT 11D SINGER ISLAND, FL 33404	<b>Mailing Address</b> 5550 NORTH OCEAN DRIVE BLDG 200, APT 11D SINGER ISLAND, FL 33404
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01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1834036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  HARRIS, J. RICHARD SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A. 4400 PGA BLVD, SUITE 800 PALM BEACH GARDENS, FL 33410
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SEGAL, DAVID ONE WOOD AVE, APT 803 WESTMOUNT, QC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, DAVID ONE WOOD AVE, APT 803 WESTMOUNT, QC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEGAL, STELLA ONE WOOD AVE, APT 803 WESTMOUNT, QC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RICHARD J 4400 PGA BLVD #800 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000307946 04/15/05-80075-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **APR 27/05** (560) 844-1412  
Date Daytime Phone #