

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90209 023 \*\*\*150.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # F92893</b><br>1. Entity Name<br><b>STIRLING PLAZA, INC.</b>   |   |   |   |  |  |
| Principal Place of Business<br><b>C/O BERNARD V. MAZZEO<br/>13501 SW 128 STREET - SUITE 103<br/>MIAMI, FL 33186 US</b>  |   |   | Mailing Address<br><b>C/O BERNARD V. MAZZEO<br/>13501 SW 128 STREET - SUITE 103<br/>MIAMI, FL 33186 US</b>          |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |  |
| City & State  |   | City & State                                  |   | 4. FEI Number<br><b>59-2216954</b>   |  |
| Zip   |   | Country                                       |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POOPENHEIM, STEVEN P<br/>800 BRICKELL AVE STE 1107<br/>MIAMI, FL 33131</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>OPPENHEIM, STEVEN P.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE <b>STEVEN P. OPPENHEIM</b> DATE <b>4/24/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>  |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 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 |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PTD<br/>RIBA, ANTONIO<br/>13501 SW 128 STREET STE 103<br/>MIAMI, FL 33186</b>    | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VSD<br/>RIBA, RAMON<br/>13501 SW 128 STREET STE 103<br/>MIAMI, FL 33186</b>      | <input type="checkbox"/> Delete               |   | <b>V/D</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AS<br/>CIBOTTI, ANDRES<br/>6400 CARRIER DRIVE<br/>ORLANDO, FL 32819</b>          | <input checked="" type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AS<br/>OPPENHEIM, STEVEN P<br/>800 BRICKELL AVE STE 1107<br/>MIAMI, FL 33131</b> | <input type="checkbox"/> Delete               |   | <b>S</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, and all other like empowered. |   |   |   |  |  |
| SIGNATURE: <b>STEVEN P. OPPENHEIM</b> <b>SECRETARY</b> DATE <b>4/24/07</b> DAYTIME PHONE <b>305-371-8555</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   |   |  |  |