2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State DOCUMENT #F92893 04-24-2008 90102 044 ***150 00 1. Entity Name STIRLING PLAZA, INC. Principal Place of Business Mailing Address C/O BERNARD V. MAZZEO C/O BERNARD V. MAZZEO 13501 SW 128 STREET - SUITE 103 13501 SW 128 STREET - SUITE 103 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2216954 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent たNHEIW POOENHEIM, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE STE:1107 MIAMI, FL 33131 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Change ■ Addition RIBA, ANTONIO NAME NAME STREET ADDRESS 13501 SW 128 STREET STE 103 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Channe ☐ Addition RIBA, RAMON NAME NAME STREET ADDRESS 13501 SW 128 STREET STE 103 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TTHE Delete TITLE Change ☐ Addition OPPENHEIM, STEVEN P NAME NAME STREET ADDRESS 800 BRICKELL AVE STE 1107 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITEF Change Addition NAME NAME STREET ADVORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling 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 attach

ENHE IM 108 SIGNATURE Date