

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J66432

Entity Name: STAHARIT, INC.

FILED  
Oct 17, 2007  
Secretary of State

## Current Principal Place of Business:

241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR, FL 34683

## New Principal Place of Business:

## Current Mailing Address:

241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR, FL 34683

## New Mailing Address:

FEI Number: 59-2927514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHERT, DAVID A  
241 OMAHA ST  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

SORGENTE, GIANLUCA  
241 OMAHA ST  
PALM HARBOR, FL 34683 US

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.

SIGNATURE: SORGENTE GIANLUCA

10/17/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: OFFI ( ) Delete  
Name: TRIAS, HARRIET A  
Address: 241 OMAHA ST  
City-St-Zip: PALM HARBOR, FL 34683

Title: DIR ( ) Delete  
Name: HARRISON, DANA  
Address: 614 FAIROAKS DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PRES ( ) Delete  
Name: RICHERT, DAVID  
Address: 1201 SOUTH M STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: TRES (X) Delete  
Name: MCMILLAN, JULIE  
Address: 1201 SOUTH M STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP (X) Delete  
Name: SORGENTE, GIANLUCA  
Address: 5719 LA GORCE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: SORGENTE, GIANLUCA  
Address: 5719 LA GORCE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SORGENTE GIANLUCA

PRES

10/17/2007

Electronic Signature of Signing Officer or Director

Date