

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66432

Entity Name: STAHARIT, INC.

FILED
Apr 28, 2009
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:

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

Name and Address of New Registered Agent:

TRIAS, HARRIET A
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

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

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: SORGENTE, GIANLUCA
Address: 5719 LA GORCE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TRIAS, HARRIET A
Address: 241 OMAHA ST
City-St-Zip: PALM HARBOR, FL 34683

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

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

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

OFF

04/28/2009

Electronic Signature of Signing Officer or Director

Date