2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am

AITHONE SCENOIL	
DOCUMENT # K51326 1. Entity Name STELLAR TALENT AGENCY, INC.	Secretary of State 04-12-2005 90125 002 ***150.00
Principal Place of Business 3001 W. Hallandale BchBlvd.	allandae quuuuuu
#303 Hallandale, Fl. 33009 Hallandale	, 72, 33 004
DO NOT WRITE IN THIS SPACE	01202005 No Chg-P CR2E034 (10/03)
MAY NOT WHATE IN THIS SPACE	4. FEI Number Applied For 65-0096917 Not Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
COFINO, PEDRO A ESQ 407 LINCO ROAD SUITE 2B	DO NOT WRITE
MIAMI BEACH, FL 33139	IN THIS SPACE
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 Oppose or printed name of registered ages(NOTE: Registered Agent sig	gnature required when reinstaling) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE PSTD	
SCHIRMER, CYNTHIA 3001 W. Hallandale BCh. B	Wol.
SCHIRMER, CYNTHIA STREET ADDRESS CITY-ST-ZIP TITLE SCHIRMER, CYNTHIA 3001 W. Hallandale BCh. B H 303 Hallandale, F-l, 33009	
TITLE Hallardow, 19, 3307	
NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	
TITLE NAME	IN THIS SPACE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE .	
NAME	
STREET ADDRESS	•
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption:	stand in Continue 110 02/000 Florida Contract Life the contract Li
. The environmental metaphration spanned will this libra does not allow for the exemption (stateo in aection, i 19.0713 itt. Piorida atatutes. I lunnet centry that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

IGNATURE:

STATUTE AND TYPED OR PRINTED NAME OF STAINED OFFICER OR DIRECTOR

Date

Thereby certify that the information interesting that the information indicates. I further certify that the information indicates in the same legal effect as if made under oath; that I am an officer or director of the corporation or the teceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; I further certify that the information indicates in the same legal effect as if made under oath; that I am an officer or director of the corporation or the teceiver or trustees. I further certify that the information indicates in the same legal effect as if made under oath; that I am an officer or director of the corporation or the teceiver or trustees. I further certify that the information indicates in the same legal effect as if made under oath; that I am an officer or director of the corporation or the teceiver or trustees. I further certify that the information indicates in the same legal effect as if made under oath; that I am an officer or director of the corporation or the teceiver of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an o

SIGNATURE: