

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 033 ***150.00

DOCUMENT # L43188

1. Entity Name
STERLING FLUID POWER SYSTEMS, INC.



Principal Place of Business
**3700 HACIENDA BLVD
SUITE C
FORT LAUDERDALE, FL 33314 US**

Mailing Address
**3700 HACIENDA BLVD
SUITE C
FORT LAUDERDALE, FL 33314 US**



2. Principal Place of Business
3700 HACIENDA BLVD

3. Mailing Address
3700 HACIENDA BLVD

Suite, Apt. #, etc.
SUITE I

Suite, Apt. #, etc.
SUITE I

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33314

Country
USA

Zip
33314

Country
USA

04172006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2986808

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WORSNOP, JAMES D
1734 W LAS OLAS BLVD
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *J.D. Worsnop* (NOTE: Registered Agent signature required when reinstating)

DATE 4/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WORSNOP, J D		NAME		
STREET ADDRESS	15884 S.W. 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *J.D. Worsnop* 4/24/06 954 584 9598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #