

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68307

Entity Name: STAY 12, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

PO BOX 21086  
FT. LAUDERDALE, FL 333350865

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 21086  
FT. LAUDERDALE, FL 333350865

**New Mailing Address:**

FEI Number: 26-7724821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBIN, JOHN  
223 SW 33RD COURT  
FT. LAUDERDALE, FL 33335 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUBIN, JOHN,  
Address: 223 SW 33RD CT  
City-St-Zip: FT. LAUDERDALE, FL

Title: VD ( ) Delete  
Name: GERCAK, CLAUDIA,  
Address: 223 SW 33RD CT  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: JOHN RUBIN

MR

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date