

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90027 006 \*\*\*150.00

DOCUMENT # M41423

1. Entity Name

THE STEINER GROUP INCORPORATED



Principal Place of Business

6680 OAKMONT WAY  
WEST PALM BEACH FL 33412  
US

Mailing Address

6680 OAKMONT WAY  
WEST PALM BEACH FL 33412  
US



2. Principal Place of Business - No P.O. Box #

8665 COBBLESTONE PT. CIR

Suite, Apt. #, etc.

3. Mailing Address

8665 COBBLESTONE PT. CIR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boynton Bch, FL

Zip

33437

Country

USA

City & State

Boynton Bch, FL

Zip

33437

Country

USA

4. FEI Number

59-2773829

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINER, STEPHANIE J.  
6680 OAKMONT WAY  
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name

STEINER, STEPHANIE J.

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

8665 COBBLESTONE PT. CIR

City

Boynton Beach

FL

Zip Code

33437

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

*Stephanie Steiner*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/07

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME STEINER, STEPHANIE J.  
STREET ADDRESS 6680 OAKMONT WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Steiner, Stephanie J. ☒ Change ☐ Addition  
NAME 8665 COBBLESTONE PT. CIR  
STREET ADDRESS Boynton Beach, FL 33437  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.

SIGNATURE:

*Stephanie Steiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

561-644-8640

Daytime Phone #