

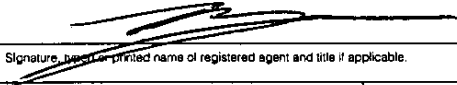



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 010 ****61.25

DOCUMENT # N04000007998 1. Entity Name STIRLING PLACE MERCHANT ASSOCIATION, INC.					
Principal Place of Business 7764 NW 44TH STREET SUNRISE, FL 33351			Mailing Address 7764 NW 44TH STREET SUNRISE, FL 33351		
2. Principal Place of Business 6827 W Commercial Blvd. Suite, Apt. #, etc.		3. Mailing Address 6827 W Commercial Blvd. Suite, Apt. #, etc.			
City & State Tamarac, Florida		City & State Tamarac, Florida		4. FEI Number 20-1493737	
Zip 33319 Country USA		Zip 33319 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANOURA, MICHAEL J 7764 NW 44TH STREET SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Janoura, Michael J. Street Address (P.O. Box Number is Not Acceptable) 6827 W Commercial Blvd. City Tamarac, FL Zip Code 33319	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, must be printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Vice President Michael Janoura </div> <div style="width: 20%; text-align: right;"> 1/14/05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOURA, MICHAEL J 7764 NW 44TH STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janoura, Michael J. 6827 W Commercial Blvd. Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, ED 6859 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, RITA S 6831 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, JACQUELINE S 6835 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, BRYAN 6799 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOTKA, AL 6795 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 617, 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: 			Michael Janoura <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			1/14/05 954-721-9190 <small>Date Daytime Phone #</small>		

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