

ANNUAL REPORT (AR)

DOCUMENT # N93000005238

1. Entity Name

THE STIRLING ROOM, INC.



FILED
Mar 02, 2004 08:00 AM
Secretary of State

Principal Place of Business

7331 DAVIE ROAD EXT.
DAVIE FL 33024

Mailing Address

7331 DAVIE ROAD EXT.
DAVIE FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0451927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMANO, RALPH L
5209 SW 91ST AVE
COOPER FL 33328

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VINNING, J. RUSSELL	
STREET ADDRESS	1240 N. 74TH TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SEROTTA, CHERIE	
STREET ADDRESS	4357 SW 53RD AVE.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ARMANO, RALPH	
STREET ADDRESS	5209 SW 91ST AVE.	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARBERRY, ROBERT C	
STREET ADDRESS	521 NW 93RD TER	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000073727
03/02/04-80049-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

SIGNATURE:

Ralph L. Armano

2/28/04 954-434-5938