


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005238

1. Entity Name

THE STIRLING ROOM, INC.



Principal Place of Business Mailing Address

7331 DAVIE ROAD EXT. **7331 DAVIE ROAD EXT.**
DAVIE FL 33024 **DAVIE FL 33024**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0451927** ☐ Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

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

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 *Ralph L Armano* **3/31/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

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04/18/06-80033-019 61-25

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 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.