2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2007 08:00 All Secretary of State DOCUMENT # N93000005238 1. Entity Namo 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0451927 Not Applicable Zip Country Żιρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name ARMANO, RALPH L Street Address (P.O. Box Number is Not Acceptable) 5209 SW 91ST AVE COOPER FL 33328 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE ☐ Delete IIILE ☐ Change Addition NAME. VINNING, J. RUSSELL NAME 1240 N. 74TH TERR. STRUET ADDRESS STREET ADDRESS *U00000*697205 CITY - ST- ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 04/18/07~80031 THUE. Delete THE ☐ Addition NAMI SEROTTA, CHERIE NAMI STREET ADDRESS STREET ADDRESS 4357 SW 53RD AVE. CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33314 Delete Addition Change THILE TITLE NAME NAME ARMANO, RALPH STREET ADDRESS STREET ADDRESS 5209 SW 91ST AVE. CITY-ST-ZIE CITY-S1-ZIP COOPER CITY FL 33328 HILE Delete TOTE ☐ Change ☐ Addition DT NAME NAME CARBERRY, ROBERT C STREET ADDRESS STREET ADDRESS 521 NW 93RD TER CITY-ST-ZIP CITY-ST-ZIF PEMBROKE PINES FL 33024 TITLE. ☐ Delele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAML. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I heroby 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

FILED

SIGNATURE RALPH ALMANO Relate Chimans 4/5/07 954434-5938

if changed, or on an attachment with an address, with all other like empowered.

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 eath; 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