


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

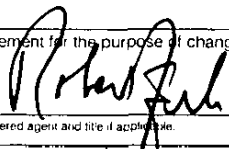
07-16-2007 90128 034 \*\*\*150.00

<b>DOCUMENT # P01000006635</b>	
1. Entity Name <b>STERLING HOTELS &amp; RESORTS, INC.</b>	

Principal Place of Business <b>2419 E. COMMERCIAL BLVD. SUITE 305 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>2419 E. COMMERCIAL BLVD. SUITE 100 FORT LAUDERDALE, FL 33308</b>
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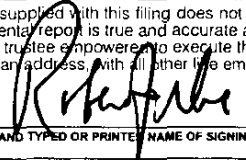
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. <b>8461 Lake Worth Rd</b> City & State <b>Lake Worth, Florida</b> Zip <b>33467</b>	3. Mailing Address <b>8461 Lake Worth Rd</b> Suite, Apt. #, etc. <b>Suite 104</b> City & State <b>Lake Worth, FL</b> Zip <b>33467</b>
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6. Name and Address of Current Registered Agent <b>BLODIG, GREGORY J ESQ. ← old</b> <b>GREENSPOON, MARDER, HIRSCHFIELD, P.A.</b> <b>100 W. CYPRESS CREEK ROAD SUITE 700</b> <b>FORT LAUDERDALE, FL 33309</b>	
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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: 	(NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D FELICE, ROBERT 2419 E. COMMERCIAL BLVD., SUITE 100 FORT LAUDERDALE, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D Felice, Robert 8461 Lake Worth Rd, Suite 104 Lake Worth, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 life empowered.	
SIGNATURE: 	7/13/07 (954) 605-0076

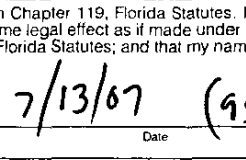
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07132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1069706</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
7. Name and Address of New Registered Agent Name <b>Bob DeMichele</b> Street Address (P.O. Box Number is Not Acceptable) <b>1224 Thunder Trail</b> City <b>Maitland, FL</b> Zip Code <b>32751</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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