

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 002 ***150.00

DOCUMENT # P01000035950

1. Entity Name

STEVEN A. STERNBERG, INC.



Principal Place of Business

10490 UTOPIA CIR. SOUTH
BOYNTON BCH FL 33437

Mailing Address

10490 UTOPIA CIR. SOUTH
BOYNTON BCH FL 33437

50016799



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

824 W. GLADES RD

3. Mailing Address

Suite, Apt. #, etc.
202

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1103695

Applied For

Not Applicable

Zip

33434

Country

FLORIDA

Zip

33437

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERNBERG, SCOTT J
6100 GLADES RD., SUITE 301
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5355 TOWN CENTER RD #801

City

BOCA RATON

FL

Zip Code

33486

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STERNBERG, STEVEN A
STREET ADDRESS 10490 UTOPIA CIR. SOUTH
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE VSD ☐ Delete
NAME STERNBERG, JEANNE
STREET ADDRESS 10490 UTOPIA CIR. SOUTH
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN A. STERNBERG

Date

Daytime Phone #

2/17/05 5614872344