


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90236 021 \*\*\*150.00

<b>DOCUMENT # P01000090490</b>	
<b>1. Entity Name</b> STEKEN INVESTMENTS, INC.	

<b>Principal Place of Business</b> 9690 W. SAMPLE RD. SUITE 202 CORAL SPRINGS, FL 33065	<b>Mailing Address</b> 9690 W. SAMPLE RD. SUITE 202 CORAL SPRINGS, FL 33065
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94061330

<b>2. Principal Place of Business</b> 2801 N. University Dr. Suite, Apt. #, etc. Suite 301 City & State Coral Springs, FL Zip 33065 Country	<b>3. Mailing Address</b> 2801 N. University Dr. Suite, Apt. #, etc. Suite 301 City & State Coral Springs, FL Zip 33065 Country
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01212004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1142949	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> LIEBERMAN, KENNETH 9690 W. SAMPLE RD. SUITE 202 CORAL SPRINGS, FL 33065	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2801 N. University Drive Suite 301 City Coral Springs FL Zip Code 33065
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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: Kenneth Lieberman DATE: 4/21/04  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGELAUB, STEVEN S 9690 W. SAMPLE RD. SUITE 202 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801 N. University Dr. # 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBERMAN, KENNETH I 9690 W. SAMPLE RD. SUITE 202 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801 N. University Dr. # 301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: Kenneth Lieberman DATE: 4/21/04 DAYTIME PHONE #: 954-753-2222  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR