


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90126 047 ***150.00

DOCUMENT # P02000002346

1. Entity Name
STILES INVESTMENT, INC.



Principal Place of Business
**501 BRICKELL AVE DRIVE STE 504
MIAMI FL 33131**

Mailing Address
**501 BRICKELL AVE DRIVE STE 504
MIAMI FL 33131**

10056003



2. Principal Place of Business
32021 Brookstone Drive

3. Mailing Address
PMB PTY 3977

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 25207

CHECK HERE IF MAKING CHANGES

City & State
Wesley Chapel, FL

City & State
Miami, FL

Zip Country
33344 -----

Zip Country
33102 -----

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBINSON, WESLEY M ESQ
501 BRICKELL AVE DRIVE STE 504
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Sherry, Linda M.

Street Address (P.O. Box Number is Not Acceptable)
32021 Brookstone Drive

City
Wesley Chapel **FL** Zip Code
33544

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 *Linda M Sherry* **Linda M. Sherry** 3/5/03
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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	P Tribble, David PMB PTY 3977, P.O. Box 25207 Miami, FL 33102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Santamaría, Aida PMB PTY 3977, P.O. Box 25207 Miami, FL 33102	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> 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: *David A. Tribble* **David A. Tribble** February 25, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)