

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015322

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** STERLING PURCHASING CORP.

**Current Principal Place of Business:**

8293 CONSUMER COURT  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

8293 CONSUMER COURT  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 03-0384690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHAPIRO, TOM  
8293 CONSUMER COURT  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHAPIRO, TOM  
**Address:** 8293 CONSUMER COURT  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** SD  
**Name:** SHAPIRO, STEVE  
**Address:** 8293 CONSUMER COURT  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** TD  
**Name:** MEAD, JACK  
**Address:** 8293 CONSUMER COURT  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** D  
**Name:** VENKATARAMAN, BALA  
**Address:** 8293 CONSUMER COURT  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** ASAT  
**Name:** SHAPIRO, DEBBIE  
**Address:** 8293 CONSUMER COURT  
**City-St-Zip:** SARASOTA, FL 34240

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TOM SHAPIRO

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date