2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2004 8:00 am **DOCUMENT # P02000117397 Secretary of State** 1. Entity Name 95 STIRLING, INC. 03-22-2004 90060 019 ***150.00 Principal Place of Business Mailing Address 3121 W. HALLANDALE BEACH BLVD. 3121 W. HALLANDALE BEACH BLVD. SUITE 101 SUITE 101 PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 2. Principal Place of Business 3. Mailing Address 3001 W Hallandale Rch Blvd 3001 W Hallandale Boh Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01292004 Cha-P CR2E034 (10/03) City & State 4. FEI Number City & State Applied For Peribroke Park, FL Penbroke Park, FL 13-4224752 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33009 USA 33009 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAZAYRI, SAM Street Address (P.O. Box Number is Not Acceptable) 3121 W: HALLANDALE BEACH BLVD 3001 W Hallandale Both Blvd SUITE 101 PEMBROKE PARK; FL 33009 Suite 300 Perbroke Park, FL 33009 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE XI Change ☐ Addition JAZAYRI, SAM NAME NAME 3001 W Hallandale Boh Blvd Suite 300 Penburoke Park, FL 33009 STREET ADDRESS 3121 W. HALLANDALE BCH. BLVD. #102 STREET ADDRESS CTTY-ST-ZIP HALLANDALE, FL. 33009 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 12. I hereby certify that the information supplied with this filling 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.

Sam Jazayri

FILED

954-981-1154

Daytime Phone #