


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                     |                                                                                                                                             |                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000117397</b><br>1. Entity Name<br>95 STIRLING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                     |                                                                                                                                             |                               |  |
| Principal Place of Business<br>3001 W. HALLANDALE BEACH BLVD., STE 300<br>PEMBROKE PARK, FL 33009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                     | Mailing Address<br>3001 W. HALLANDALE BEACH BLVD., STE 300<br>SUITE 101<br>PEMBROKE PARK, FL 33009                                          |                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | 3. Mailing Address                                                                  |                                                                                                                                             |                                                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Suite, Apt. #, etc.                                                                 |                                                                                                                                             |                                                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | City & State                                                                        |                                                                                                                                             |                                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                               | Zip                                                                                 | Country                                                                                                                                     | 01042007    Chg-P    CR2E034 (12/06)                                                                           |  |
| 4. FEI Number<br><b>13-4224752</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                     |                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                     |                                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                 |                                                                                                                |  |
| JAZAYRI, SAM<br>3001 W. HALLANDALE BEACH BLVD., STE 300<br>PEMBROKE PARK, FL 33009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |                                                                                                                |  |
| 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: _____<br><small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                     |                                                                                                                                             |                                                                                                                |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                |                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PS<br>JAZAYRI, SAM<br>3001 W. HALLANDALE BEACH BLVD., STE 300<br>HALLANDALE, FL 33009 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000742225<br>05/15/07-80062-005 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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. |                                                                                       |                                                                                     |                                                                                                                                             |                                                                                                                |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                     | 3/23/07    494-981-1154<br><small>Date    Daytime Phone #</small>                                                                           |                                                                                                                |  |