2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90202 004 ***150.00

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04212004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000012050

1. Entity Name
STAERT INTERNATIONAL BUSINESS,CORP

Principal Place of Business	Mailing Address
917 OLIVE TREE CIRCLE WEST PALM BEACH, FL 33413	917 OLIVE TREE CIRCLE WEST PALM BEACH, FL 33413

2. Principal Place of Business	3. Mailing Address
1452 Fairway Circle Suite, Apt. #, etc.	1452 Fairway Circle Suite, Apt. #, etc.
City & State: Greenacres, Florida	City & State: Greenacres, Florida
Zip: 33413 Country: -	Zip: 33413 Country:

4. FEI Number: 41-2078032 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAERT, MARIA A 917 OLIVE TREE CIRCLE WEST PALM BEACH, FL 33413	Name: D & H Business Service Street Address (P.O. Box Number is Not Acceptable): 2032 S. Military Tr. City: West Palm Beach FL Zip Code: 33415

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] 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	STAERT, MARIA A	NAME	Staert, Maria A
STREET ADDRESS	5440 STATE ROAD 7, SUITE 221	STREET ADDRESS	1452 Fairway Circle
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP	Greenacres, Florida 33415
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 04/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #