

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000015418

1. Entity Name
STURIA, INCORPORATED



07 MAY -2 AM 10:05

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 NE 42 ST.
POMPANO BEACH, FL 33064

Mailing Address
800 NE 42 ST.
POMPANO BEACH, FL 33064



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

04282007 Chg-P CR2E034 (12/06)

4. FEI Number
11-3680104

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

SHREVE, WESLEY
1194 HILLSBORO MILE APT 26
HILLSBORO BEACH, FL 33062

Name **CLARA V. KNIERIM**

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

1194 HILLSBORO MILE #26

HILLSBORO BEACH FL 33062

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

Clara Knierim DS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/07

Amended AR is \$61.25

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 DP ☒ Delete
NAME SHREVE, WESLEY S
STREET ADDRESS 1194 HILLSBORO MILE APT 26
CITY- ST- ZIP HILLSBORO BEACH, FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DS ☐ Delete
NAME KNIERIM, CLARA V
STREET ADDRESS 1194 HILLSBORO MILE APT 26
CITY- ST- ZIP HILLSBORO BEACH, FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE:

Clara Knierim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 (561)704-8635

Date

Daytime Phone #

CLARA KNIERIM

20.5/11