

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 048 ***150.00

DOCUMENT # P03000120767

1. Entity Name

STANRO TRADING COMPANY, INC



Principal Place of Business

9112 BROAD STREET
BOCA RATON FL 33434

Mailing Address

9112 BROAD STREET
BOCA RATON FL 33434

2. Principal Place of Business

6596 VIA ALFORD

3. Mailing Address

6596 VIA ALFORD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

11-3256860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENKRANTZ, STANLEY
9112 BROAD STREET
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

ROSENKRANTZ, STANLEY

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

6596 VIA ALFORD

City

LAKE WORTH

FL

Zip Code

33467

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	9112 BROAD STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	9112 BROAD STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	9112 BROAD STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	6596 VIA ALFORD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	6596 VIA ALFORD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENKRANTZ, STANLEY	
STREET ADDRESS	6596 VIA ALFORD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stanley Rosenkrantz Stanley Rosenkrantz

2/4/05

561-965-3634