


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90025 009 \*\*\*150.00

<b>DOCUMENT # P03000133753</b>	
1. Entity Name <b>STIRLING PLAZA INVESTMENT INC.</b>	

Principal Place of Business <b>3981 SW 30 AVE FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>3981 SW 30 AVE FORT LAUDERDALE, FL 33312</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**54012942**



02242004 Chg-P CR2E034 (10/03)

4. FEI Number <b>55-0853658</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOLLANDER, RHONDA 323 SW 1 AVE DANIA, FL 33304</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. I am the obligations of registered agent.		n the State of Florida. I am familiar with, and accept	
SIGNATURE <u><i>Rhonda Hollander</i></u>		DATE <u>2-24-04</u>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIL, JORGE 3981 SW 30 AVE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. changed, or on an attachment with an address, with all other like empowered.	i). Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if
SIGNATURE: <u><i>[Signature]</i></u>	Date <u>2/24/2004</u> Daytime Phone #
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	