

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # P03000135084 1. Entity Name 02-12-2004 90036 011 ***150.00 STERLING PARTNERS CORPORATION Principal Place of Business Mailing Address 225 NE MIZNER **Park** Boulevard 225 NE MIZNER PARK BOULEVARD 94014850 4TH FLOOR 4TH FLOOR BOCA RATON, FL 33432 BOCA RATON, FL 33432 Mailing Address 25 N.E. <u>Mizner Blvd.</u> Principal Place of Business DIVI. 3. Ma DE ME MIZHER DIVI. 3. Ma 01302004 CR2E034 (10/03) 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RCHARDSON, PAUL R Street Address (P.O. Box Number is Not Acceptable) 225 NE MIZNER PARK BLVD. 4TH FLOOR'~ Havs Street **BOCA RATON, FL 33432** 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 renstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **CESICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Change TITLE Addition ☐ Defete RICHARDSON, PAUL R NAME NAME 225 NE MIZNER BLVD. , 4th Floor STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 23432 CITY-ST-ZIP CITY-ST-ZIP VΡ Oelete TITLE TITLE ☐ Change Addition NAME LEVENE, DANIEL R 225 NE MIZNER PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP CEO, C Charles P. Garcia, 4th Floor 225 NE MIZNER BIND., 4th Floor Boca Ration, FL 33432 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CFO CARR MOORY 225 NE MIZMER Blud., Hth Floor Boca Raton, Fl 33432 TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TATLE TITLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 filling 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 in changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

FILED