


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90802 001 ***150.00
 04-03-2006 90802 002 *****8.75

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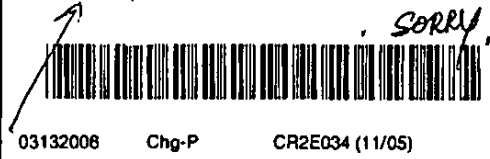
1. Entity Name
STELLAR MOTIF, INC.



Principal Place of Business
**6390 OSPREY TERRACE
 POMPANO BEACH, FL 33073**
COCONUT-CREEK

Mailing Address
**6390 OSPREY TERRACE
 POMPANO BEACH, FL 33073**
COCONUT-CREEK

66010428



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc. *HOME* Suite, Apt. #, etc. *SAME*

City & State *SAME* City & State *SAME*

Zip *SAME* Country Country

4. FE# Number *11-3167126* Applied For Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
**FILINGS, INC.
 3732 N.W. 16TH STREET
 FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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]* DATE

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	DP HERMESH, STELLA 6390 OSPREY TERRACE POMPANO BEACH, FL 33073 <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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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date *A-11-06* (954) 210-0509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CE/954.553.1210

Hi ATTACHMENT

2-15-06

66010428

PLEASE KEEP THE COMPANY NAME:

STELLAR NOTIF INC.

MY HUSBAND & I HAVE A CONTRACTING
INC
IN N.Y FOR 14 YEARS.

BY SEPTEMBER WE WILL START THE
COMPANY.

THANK YOU
Stella Kowl

PO50000022325