

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90314 008 ***158.75

DOCUMENT # P05000025812

1. Entity Name

STAGE OF STARS CORPORATION



Principal Place of Business

1765 N.W. 185TH TERRACE
OPA LOCKA FL 33056

Mailing Address

1765 N.W. 185TH TERRACE
OPA LOCKA FL 33056

2. Principal Place of Business

17830 N. E. 5th Avenue

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State
North Miami Beach, Florida

City & State

Zip
33162

Country
Dade

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

34-2039709

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORESIGHT INVESTMENT CORPORATION
1765 N.W. 185TH TERRACE
OPA LOCKA FL 33056

7. Name and Address of New Registered Agent

Name
ForeSight InVestment Corporation

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

17830 N. E. 5th Avenue

City
North Miami Beach

FL

Zip Code
33162

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 **Melissa J. Lewis**

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

(NOTE: Registered Agent signature required when contesting)

April 23, 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MELISSA J	
STREET ADDRESS	1765 N.W. 185TH TERRACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HALL, ORELOUS JR	
STREET ADDRESS	1019 N.W. 5TH AVENUE APT 2	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOUIS SAINT, JEAN M	
STREET ADDRESS	1040 N.E. 169TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI FL 33162	

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	CEO, Chairwoman and Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Monica I.	
STREET ADDRESS	1765 N. W. 185th Terrace	
CITY-ST-ZIP	Miami, Florida, Florida 33056	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Billy J.	
STREET ADDRESS	8652 Southampton Drive	
CITY-ST-ZIP	Miramar, Florida 33025	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Siliana D.	
STREET ADDRESS	3120 N. W. 205 Terrace	
CITY-ST-ZIP	Miami, Florida 33056	

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Melissa J.	
STREET ADDRESS	1765 N. W. 185th Terrace	
CITY-ST-ZIP	Miami, Florida 33056	

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 exemptions contained in Section 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: **Melissa J. Lewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2006 (305) 249-8653

Date

Daytime Phone #