


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90194 008 \*\*\*158.75

<b>DOCUMENT # P05000025812</b> 1. Entity Name <b>STAGE OF STARS CORPORATION</b>			
Principal Place of Business <b>17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162</b>		Mailing Address <b>17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162</b>	
2. Principal Place of Business - No P.O. Box # <b>1765 NW 185TH TERRACE</b>		3. Mailing Address <b>P.O. Box 683884</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33056</b>		Zip <b>33269-0884</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>34-2039709</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORESIGHT INVESTMENT CORPORATION 17830 NE 5TH AVE NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent Name <b>Foresight Investment Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1765 NW 185TH TERRACE</b> City <b>Miami</b> FL Zip Code <b>33056</b>	
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 <b>Melissa T. Lewis, T</b> <span style="float: right;"><b>Melissa J. Seno</b></span> <span style="float: right;"><b>APR 16 2007</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LEWIS, MONICA I 1765 N.W. 185TH TERRACE OPA LOCKA, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEWIS, BILLY J 8652 SOUTHAMPTON DR MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEWIS, SILIENA D 3120 NW 205TH TERRACE MIAMI, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEWIS, MELISSA J 1765 NW 185TH TERRACE MIAMI, FL 33056	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
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. 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Melissa J. Seno</b> <span style="float: right;"><b>Treasurer</b></span>		Date <b>4/16/07</b> Daytime Phone # <b>(305) 762-2097</b>	