

2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000043607					
1. Entity Name STEMMA INVESTMENTS, INC.					
Principal Place of Business 2655 LEJEUNE RD SUITE 507 CORAL GABLES, FL 33134			Mailing Address 2655 LEJEUNE RD SUITE 507 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating)					
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	P	☐ Delete	TITLE	☐ Change ☐ Addition 200064020252 01/19/06--01010--001 **531.25	
NAME	MOLINARI, STEFANO		NAME		
STREET ADDRESS	2655 LEJEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOLINARI, MAURO		NAME		
STREET ADDRESS	2655 LEJEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOLINARI, FELICETTA		NAME		
STREET ADDRESS	2655 LEJEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOLINARI, MARIA		NAME		
STREET ADDRESS	2655 LEJEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOLINARI, NORMA		NAME		
STREET ADDRESS	2655 LEJEUNE RD SUITE 507		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ 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 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: _____			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

1/4/06