

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076900

Entity Name: STALTAYL, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2085 S. CONGRESS AVENUE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2085 S. CONGRESS AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-2902584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MILLER LAW OFFICES, PLC
801 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCALERA, DEAN
Address: 2085 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: TAYLOR, FRANK
Address: 2085 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: SCALERA, THOMAS
Address: 2085 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: SCALERA, SAM
Address: 2085 S. CONGRESS AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY A. AHRON

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date