

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90068 018 ***150.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000143140			
1. Entity Name STERLING IMPORTS & EXPORTS, INC.			
Principal Place of Business 2065 NORTHEAST 151 STREET NORTH MIAMI FL 33162		Mailing Address POST OFFICE BOX 6307-12 NORTH MIAMI BEACH FL 33163	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number AP-PLIED FOR		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EAB & ASSOCIATES P.O. BOX 6307-12 MIAMI FL 33162 <i>2065 NE 151 Street North Miami, FL 33162</i>		7. Name and Address of New Registered Agent 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 acceptable (NOT Registered Agent's signature) entered when registering.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PSTO SCHECTER, AILEEN 2065 NORTHEAST 151 STREET NORTH MIAMI FL 33162	☐ Delete	NAME CHANGE ADDITION	☐ Change ☐ Addition
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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: <i>Aileen B. Schecter</i>		4-24-07 305-933-9576	