

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149049

Entity Name: STA ASSOCIATES, INC.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

300 21ST STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

489 NE 95TH STREET
MIAMI SHORES, FL 33138

Current Mailing Address:

C/O KEITH SPACE
P.O. BOX 402867
MIAMI BEACH, FL 33140

New Mailing Address:

442 NE 103RD STREET
MIAMI SHORES, FL 33138

FEI Number: 20-3753581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACQUELINE M. MOODY, P.A.
8429 FOREST HILLS DRIVE
#304
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

SCASSERRA, MARTIN PRES.
442 NE 103RD STREET
MIAMI SHORES, FL 33138 US

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: MARTIN SCASSERRA

07/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPACE, KEITH
Address: 234 MERIDIAN AVENUE, #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: T () Delete
Name: SPACE, KEITH
Address: 234 MERIDIAN AVENUE #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Delete
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP (X) Change () Addition
Name: SCASSERRA, MELISSA
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: ST (X) Change () Addition
Name: SCASSERRA, MARTIN
Address: 442 NE 103RD STREET
City-St-Zip: MIAMI SHORES, FL 33139

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: MARTIN SCASSERRA

P

07/06/2007

Electronic Signature of Signing Officer or Director

Date