


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90052 043 ***150.00

DOCUMENT # P05000151290	
1. Entity Name STENOTRADER, INC.	

Principal Place of Business 1200 S. FEDERAL HIGHWAY SUITE 303 BOYNTON BEACH, FL 33435	Mailing Address 1200 S. FEDERAL HIGHWAY SUITE 303 BOYNTON BEACH, FL 33435
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2. Principal Place of Business 1200 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 306 City & State BOYNTON BEACH FL Zip 33435	3. Mailing Address 1200 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 306 City & State BOYNTON BEACH, FL Zip 33435
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02012006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3791104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUHN, MATTHEW E 1200 S. FEDERAL HIGHWAY SUITE 303 BOYNTON BEACH, FL, FL 33435	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 S. FEDERAL HIGHWAY SUITE 306 City BOYNTON BEACH FL Zip Code 33435	
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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) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P KUHN, MATTHEW E 1200 S. FEDERAL HIGHWAY, SUITE 303 BOYNTON BEACH, FL 33435 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2006 561-436-3818
Date Daytime Phone #