


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90187 044 \*\*\*150.00

DOCUMENT # P06000008728	
1. Entity Name STEYN ENTERPRISES, INC.	

Principal Place of Business <del>618 NE 17TH AVE</del> 3003 TERRAMAR ST FORT LAUDERDALE, FL 33304 #1103	Mailing Address <del>618 NE 17TH AVE</del> 3003 TERRAMAR ST FORT LAUDERDALE, FL 33304 #1103
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2. Principal Place of Business - No P.O. Box # 3003 TERRAMAR ST Suite, Apt. #, etc. 1103 City & State FT LAUDERDALE, FL Zip 33304 Country USA	3. Mailing Address 3003 TERRAMAR ST Suite, Apt. #, etc. 1103 City & State FT LAUDERDALE, FL Zip 33304 Country USA
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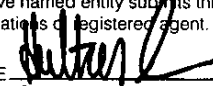
03142007 Chg-P CR2E034 (12/06)

4. FEI Number  
204124431

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEYN, HEATHER D <del>618 NE 17TH AVE</del> 3003 TERRAMAR ST #1103 FORT LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 04.23.07

(NOTE: Registered Agent signature required when reinstating)

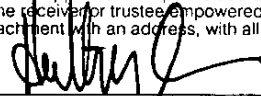
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEYN, HEATHER D 618 NE 17TH AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEYN, WERNER J 618 NE 17TH AVE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE 04.23.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR