
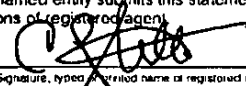
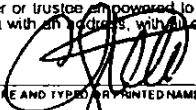


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90103 046 \*\*\*150.00

DOCUMENT # P06000067737			
1. Entity Name THE STELLA LAW FIRM, P.A.			
Principal Place of Business 200 S.E. 6TH STREET SUITE 603 FORT LAUDERDALE FL 33301 US		Mailing Address 200 S.E. 6TH STREET SUITE 603 FORT LAUDERDALE FL 33301 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite # <b>THE STELLA LAW FIRM, P.A.</b>		Suite, Apt. #, etc.	
City, State <b>404 SE 14th Court</b> <b>FL Lauderdale, FL 33316</b>		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-4861426</b>		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 <b>STELLA, CHARLES C</b> <b>200 S.E. 6TH STREET</b> <b>SUITE 603</b> <b>FORT LAUDERDALE FL 33301</b> <b>16</b>		7. Name and Address of New Registered Agent Name <b>THE STELLA LAW FIRM, P.A.</b> (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>3/1/07</b>	
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. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D STELLA, C. CRAIG 200 S.E. 6TH STREET FORT LAUDERDALE FL 33301 <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 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: 		DATE <b>3/1/07</b> 9547793800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	