

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000017587

1. Entity Name
STEHN CO.



Principal Place of Business
**3121 NW 125TH ST
MIAMI, FL 33167**

Mailing Address
**3121 NW 125TH ST
MIAMI, FL 33167**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394528

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMERSMITH, MINDA
1481 NW NORTH RIVER DRIVE
MIAMI, FL 33125**

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMERSMITH, HENRY
STREET ADDRESS	7500 N. OAKMONT DRIVE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VD
NAME	HAMERSMITH, STEVEN
STREET ADDRESS	3200 NW 125TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	HAMERSMITH, MINDA
STREET ADDRESS	541 ALCAZAR AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	HAMERSMITH, CHERYL
STREET ADDRESS	4086 BATTERSEA ROAD
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/07-80013-025 150.00

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IN THIS SPACE**

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

Date

Daytime Phone #

STEVEN HAMERSMITH 2/19/07 305.685-7451