


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000000423	
1. Entity Name STELLAR CONCEPTS, INC.	

Principal Place of Business 5200 N.W. 33RD AVENUE., STE 215 FT. LAUDERDALE, FL 33309	Mailing Address 5200 N.W. 33RD AVENUE., STE 215 FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0540614	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VERDIER, GARY L 5200 N.W. 33RD AVENUE., STE 215 FT. LAUDERDALE, FL 33309
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VERDIER, GARY D 5200 N.W. 33RD AVENUE., STE 215 FT. LAUDERDALE, FL 33309
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05/01/06-80024-011 150.00

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: *Jay Morales* **Jay Morales** 4/12/06 (954) 739-2607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #