2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-25-2008 90005 038 ***550.00

FILED

08 OCT -6 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008169

1. Entity Name
SYMMETRICAL STAIR, INC.

Principal Place of Business	Mailing Address
2119 PARK CENTRAL BLVD POMPANO BEACH, FL 33064 US	2119 PARK CENTRAL BLVD POMPANO BEACH, FL 33064 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2115 SW 2ND St	2115 SW 2ND St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33069 Country: US	Zip: 33069 Country: USA

08032008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0557223 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: L. CHEPONIS
Street Address (P.O. Box Number is Not Acceptable): 2115 SW 2ND St
City: Pompano Bch FL Zip Code: 33069

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 $550.00
Due by September 12, 2008

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	PSVT ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHEPONIS, A J	NAME	
STREET ADDRESS	2119 PARK CENTRAL BLVD NORTH	STREET ADDRESS	2115 SW 2ND St.
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ____________________ 8/21/08 954-974-78[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #