

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034321

FILED
Apr 07, 2007
Secretary of State

Entity Name: STENSTROM & ASSOCIATES, INC.

Current Principal Place of Business:

710 HARBOR DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O BERKOWITZ DICK POLLACK & BRANT, LLP
200 SOUTH BISCAYNE BLVD., SIXTH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0576357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENSTROM, KARL
710 HARBOR DR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STENSTROM, KARL
Address: 710 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: BRANT, BARRY
Address: 200 SOUTH BISCAYNE BLVD., SIXTH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY BRANT

S

04/07/2007

Electronic Signature of Signing Officer or Director

Date