


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90150 025 ***150.00

DOCUMENT # P96000032354	
1. Entity Name STERLING SHUTTLE SERVICE, INC.	

Principal Place of Business 7400 INTERNATIONAL DR 1106 ORLANDO FL 32819	Mailing Address 2417 LAKE DEBRA DR 1313 ORLANDO FL 32835
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2. Principal Place of Business 11019 KENTMERE CT.	3. Mailing Address 11019 KENTMERE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Zip 34786
Country USA	Country USA

4. FEI Number 59-3377243	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 ALAMDAR, LUEY 2417 LAKE DEBRA DR #1313 ORLANDO FL 32835	
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7. Name and Address of New Registered Agent Name LUEY ALAMDAR Street Address (P.O. Box Number is Not Acceptable) 11019 KENTMERE CT. City WINDERMERE FL Zip Code 34786	
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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 Luey Almdar <small>(Signature, full or printed name of registered agent and title if applicable)</small>	5/26/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ALAMDAR, LUEY 2417 LAKE DEBRA DR #1313 ORLANDO FL 32835	
V ALAMDAR, NATALIE 2417 LAKE DEBRA DR #1313 ORLANDO FL 32835	
C ALAMDAR, SELSEL 8033 ST. ANDREWS CIRCLE ORLANDO FL 32835	
-	<input type="checkbox"/> Delete
-	<input type="checkbox"/> Delete
-	<input type="checkbox"/> Delete
-	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P LUEY ALAMDAR 11019 KENTMERE CT. WINDERMERE, FL 34786	
V NATALIE ALAMDAR 11019 KENTMERE CT. WINDERMERE, FL 34786	
-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-	<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 reports 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: Luey Almdar <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>	5/26/06 (407) 293-9616 <small>Date Daytime Phone #</small>