## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

L Stace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

LINDA STACEY

## FILED May 10, 2004 8:00 am Secretary of State

05-10-2004 90479 011 \*\*\*150.00

+44 7771 938841

Daytime Phone #

26 MAR OF

DOCUMENT # P96000044980  1. Entity Name STENTOR CORP. 71									05-10-20	04 90479	011 ***	150.00	
Principal Place 312 NE 17TH FT LAUDERDA	H AVE		Mailing Address 312 NE 17TH AVE FT LAUDERDALE, FL 33301			US		. : : :		529D			
2. Principal Pl	lace of Busin	ness	3. Mailing										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02062004	Chg-P	CR2E03	14 (10/03)		
City & State			City &	City & State				4. FEI Numb 65-067			_ <del>                                     </del>	plied For it Applicable	
Zip	Country		Zip	Zip C		try	Fee Ri			8.75 Add ee Require			
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered A	gent		
ENCEL C	DAIC D C	·DA				Name							
ENGEL, CRAIG D CPA 312 NE 17TH AVE FT LAUDERDALE, FL 33301						Street Address (P.O. Box Number is Not Acceptable)							
· ·											Zip Cod		
•						<u> </u>	City FL Zin Code						
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 bongar	the obligations of registered agent.												
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retinating)  DATE													
					·····								
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign First Fund Contribut								.00 May Be ed to F <del>ee</del> s					
10.		OFFICERS AND	DIRECTORS	DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
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NAME	BECK, DA			NAM									
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MITE	FT LAUDERDALE, FL 33301 C										Change	Addition	
NAME	O'KEEFE, GERALD						STP	cey, LIX	SO A		Las Griange	SET CONTROL	
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STREET ADDRESS CHY-ST-ZIP						ET ADDRESS - St-Zip							
	cortify that th	a information executed with	t this filing d	as not quiality to	R		ort in Sa	otion 110 07/21	ii) Florida Stabiles	Liuriber cost	ify that the i	nformation	
indicated of the cor	12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.												

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