

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 13 AM 9:48

DOCUMENT # P96000044980

1. Entity Name  
STENTOR CORP.



SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
312 NE 17TH AVE  
FT LAUDERDALE, FL 33301 US

Mailing Address  
312 NE 17TH AVE  
FT LAUDERDALE, FL 33301 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0679057

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ENGEL, CRAIG D CPA  
312 NE 17TH AVE  
FT LAUDERDALE, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 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

Amended AR is \$61.25

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 D  
NAME BECK, DAVID ☒ Delete  
STREET ADDRESS 312 NE 17TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE MR  
NAME CONAL HENRY ☐ Change ☒ Addition  
STREET ADDRESS 59 BEECH PARK DRIVE, DUBLIN 18  
CITY-ST-ZIP

TITLE PD  
NAME STACEY, LINDA ☐ Delete  
STREET ADDRESS 312 NE 17TH AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Linda Stacey LINDA STACEY

16 AUG 04

+44 (0)  
7771 938841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #