


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 035 ***150.00

DOCUMENT # P97000060258	
1. Entity Name STELLA'S OF ST. PETERSBURG, INC.	

Principal Place of Business 1119 62 AVE N. SAINT PETERSBURG, FL 33702	Mailing Address 1119 62 AVE N. SAINT PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box # 3730 16TH ST N	3. Mailing Address 3730 16TH ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. Petersburg FL	City & State ST. Petersburg FL
Zip 33704-1020 P	Zip 33704-1020
Country	Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3463701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUITRAGO, STELLA 1119 62 AVE N. SAINT PETERSBURG, FL 33702	7. Name and Address of New Registered Agent Name Buitrago, STELLA Street Address (P.O. Box Numbers Not Acceptable) 3730 16TH ST N 3730 16TH ST N City ST. Petersburg FL Zip Code 33704
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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 *Stella Buitrago* **Stella Buitrago** 4/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUIRAGO, STELLA 1119 62 AVE N. SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Buitrago, Stella 3730 16TH ST N ST. Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Stella Buitrago* 4/20/07 (727) 525-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #