


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90079 034 ***150.00

DOCUMENT # P98000024800
 1. Entity Name
UNIVERSITY AT STIRLING, INC.



Principal Place of Business 3121 W. HALLANDALE BCH BLVD STE 101 PEMBROKE PINES, FL 33009	Mailing Address 3121 W. HALLANDALE BCH BLVD STE 101 PEMBROKE PINES, FL 33009
---	---

34028967



2. Principal Place of Business 3001 W Hallandale Bch Blvd	3. Mailing Address 3001 W Hallandale Bch Blvd
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300

01082004 Chg-P CR2E034 (10/03)

City & State Pembroke Park, FL	City & State Pembroke Park, FL	4. FEI Number 65-0820315	Applied For Not Applicable
Zip 33009	Country USA	Zip 33009	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

BERKOWITZ, MITCHELL L P.A.
 2601 N. OCEAN AVE.
 SUITE F
 SINGER ISLAND, FL 33404

7. Name and Address of New Registered Agent

Name
SAM JAZAYRI

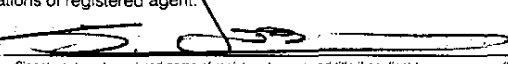
Street Address (P.O. Box Number is Not Acceptable)
3001 W HALLANDALE BCH BLVD

SUITE 300

City
PEMBROKE PARK

FL Zip Code
33009

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  DATE **3/4/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete JAZAYRI, SAM 3121 W. HALLANDALE BCH BLVD, SUITE 102 PEMBROKE PINES, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 W Hallandale Bch Blvd Ste 300 Pembroke Park, FL 33009
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:  **Sam Jazayri** DATE **3/4/04** DAYTIME PHONE # **954-981-1154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR