


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90472 023 ***150.00

DOCUMENT # P98000046780

1. Entity Name
STIRLING APARTMENTS II, INC.



Principal Place of Business Mailing Address
1130 WASHINGTON AVE., 4TH FLOOR **1130 WASHINGTON AVE., 4TH FLOOR**
MIAMI BCH FL 33139 **MIAMI BCH FL 33139**

94065578



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
Helele Kennedy Cswy. *Helele Kennedy Cswy.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#505 **#505**

City & State City & State
N. Bay Village, FL *N. Bay Village, FL*
 Zip Country Zip Country
33141 **33141** **33141** **33141**

4. FEI Number Applied For
65-0876180 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROJO, FRANCISCO
1130 WASHINGTON AVE., 4TH FLOOR
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
Helele Kennedy Causeway
#505
 City State Zip Code
N. Bay Village **FL** **33141**

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 _____
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAND, ROBERT	
STREET ADDRESS	1130 WASHINGTON AVE., 4TH FLOOR	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROJO, FRANCISCO	
STREET ADDRESS	1130 WASHINGTON AVE 4TH FLOOR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Helele Kennedy Causeway, #505</i>	
CITY-ST-ZIP	<i>N. Bay Village, FL 33141</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Helele Kennedy Causeway, #505</i>	
CITY-ST-ZIP	<i>N. Bay Village, FL 33141</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco Rojo* **FRANCISCO ROJO** *4/21/04* **4/21/04 (305) 538-9552** **EXTR 103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #