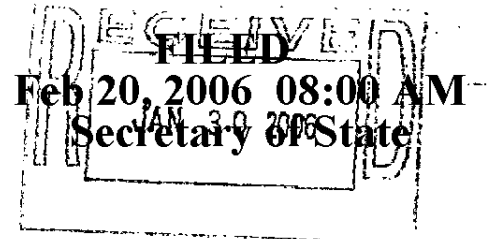


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



DOCUMENT # P98000046780

1. Entity Name
STIRLING APARTMENTS II, INC.



Principal Place of Business Mailing Address

**1666 KENNEDY CSWY.
#505
N. BAY VILLAGE FL 33141**

**1666 KENNEDY CSWY.
#505
N. BAY VILLAGE FL 33141**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

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
1666 KENNEDY CAUSEWAY
#505
N. BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SALAND, ROBERT
STREET ADDRESS	1666 KENNEDY CAUSEWAY, #505
CITY-ST-ZIP	N. BAY VILLAGE FL 33141
TITLE	VP <input type="checkbox"/> Delete
NAME	ROJO, FRANCISCO
STREET ADDRESS	1666 KENNEDY CAUSEWAY, #505
CITY-ST-ZIP	N. BAY VILLAGE FL 33141
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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000440850
03/03/06-80013-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee 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 as an attachment with an address, with all other like empowered.

SIGNATURE: **FRANCISCO ROJO** Date: **2/14/06** Daytime Phone #: **(805) 538-9552**