2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Mar 12, 2007 08:00 AM DOCUMENT # P98000046780 **Secretary of State** STIRLING APARTMENTS II, INC. Principal Place of Business Mailing Address 1666 KENNEDY CSWY. 1666 KENNEDY CSWY. N. BAY VILLAGE FL 33141 N. BAY VILLAGE FL 33141 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0876180 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROJO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1666 KENNEDY CAUSEWAY #505 N. BAY VILLAGE FL 33141 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete RIGE Change ☐ Addition SALAND, ROBERT NAME NAME 1666 KENNEDY CAUSEWAY, #505 STREET ADDRESS STREET ADDRESS U000000661864 N. BAY VILLAGE FL 33141 03/20/07-80060-003 150.00 CITY - ST - ZIP CHY-SI-ZIP DHE ☐ Delete ☐ Change ■ Addilion ROJO, FRANCISCO NAME NAME 1666 KENNEDY CAUSEWAY, #505 STREET ADDRESS STREET ADDRESS N. BAY VILLAGE FL 33141 CITY ST 71F CHY-St-7(P ☐ Delete ☐ Change Addition HHE NAME NAME STREET ADDRESS STREET ADDRESS CJIY - SJ - 7JP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP THILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oetete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. I heropy 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 appert or supplemental roport is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation of the receiver or intitle 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.

OF SIGNING OFFICER OF DIRECTOR

GNATURE AND TYPED OR PRINTED NA