

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90009 041 \*\*\*150.00



**DOCUMENT # P98000067742**  
 1. Entity Name  
**THE ERLS STAIRWAY CORPORATION**

Principal Place of Business  
 2755 NE 28TH AVE, UNIT F-6  
 LIGHTHOUSE POINT, FL 33064

Mailing Address  
 2755 NE 28TH AVE, UNIT F-6  
 LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business  
**2691 NE 18th St**

3. Mailing Address  
**2691 N.E. 18th St.**

Suite, Apt. #, etc.

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

Zip  
**33062**

Country  
**USA**

Barcode

04042004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0868362**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICCI, CHANANAD**  
 2755 NE 28TH AVE, UNIT F-6  
 LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name- **Ricci, Chananad**

Street Address (P.O. Box Number is Not Acceptable)  
**2691 NE 18th St**

City **Pompano Bch** FL Zip Code **33062**

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME RICCI, CHANANAD STREET ADDRESS 2755 NE 28TH AVE, UNIT B-2 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE D NAME Ricci, Chananad STREET ADDRESS 2691 NE 18th St CITY-ST-ZIP Pompano Bch FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RICCI, PATRICK STREET ADDRESS 2755 NE 28TH AVE F6 CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE VP NAME Ricci, Patrick STREET ADDRESS 2691 NE 18th St CITY-ST-ZIP Pompano Bch FL 33062	<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
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 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: **[Signature]** **4-5-04 954-781-1464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #