

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000025468**

1. Entity Name  
**STEINER-ATLANTIC BROKERAGE CORP.**



Principal Place of Business  
**290 N.E. 68TH STREET  
MIAMI, FL 33138-5567**

Mailing Address  
**290 N.E. 68TH STREET  
MIAMI, FL 33138-5567**



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0904823**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRALL, MARK L  
616 EAST ATLANTIC AVENUE  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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 re-installing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STEINER, MICHAEL S  
STREET ADDRESS 290 N.E. 68 ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE VPD  
NAME GERMONIMO, RALPH F  
STREET ADDRESS 290 NE 68 ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE STD  
NAME STEINER, WILLIAM K  
STREET ADDRESS 290 N.E. 68 ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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03/07/05-80079-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL S. STEINER, PRESIDENT**

**1/28/05 305-754-4551**  
Date Daytime Phone #