

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/4

DOCUMENT # P99000052870

1. Entity Name  
8726 CORP.



FILED

04 JAN 12 PM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8726 NW 119 ST  
HIALEAH GARDENS, FL 33010

Mailing Address

8726 NW 119 ST  
HIALEAH GARDENS, FL 33010



01132004 No Chg-P CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0946559

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERN, STEPHEN  
3155 WILLOW LANE  
WESTON, FL 33331

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

See attached

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STERN, DIANE
STREET ADDRESS	3155 WILLOW LANE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	S
NAME	STERN, STEPHEN
STREET ADDRESS	3155 WILLOW LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	V
NAME	STERN, BRETT
STREET ADDRESS	3155 WILLOW LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000026977530  
01/14/04--01072--002 \*\*158.75

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)(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:

See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8





## Division of Corporations

## Annual Report

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Document Number

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Business Entity Name

8726 CORP.

FEI Number

650946559

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

8726 NW 119 ST

Suite, Apt. #, etc.

City, State

HIALEAH GARDENS

FL

Zip Code &amp; Country

33010

## Mailing Address

Address

8726 NW 119 ST

Suite, Apt. #, etc.

City, State

HIALEAH GARDENS

FL

Zip Code &amp; Country

33010

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

STERN

STEPHEN

-or- RA Business Name

Address

3155 WILLOW LANE

Suite, Apt. #, etc.

City, State

WESTON

FL

Zip Code &amp; Country

33331

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

1/7/2004 305-364-0040

Continue

Reset





## Division of Corporations

## Annual Report

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Business Entity Name  
**8726 CORP.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country



Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title   
Officer/Director Signature  *Stephen STERN*

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