


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000052870					
1. Entity Name 8726 CORP.					
Principal Place of Business 8726 NW 119 ST HIALEAH GARDENS FL 33010			Mailing Address 8726 NW 119 ST HIALEAH GARDENS FL 33010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STERN, STEPHEN 3155 WILLOW LANE WESTON FL 33331				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	STERN, DIANE			Change Add	
STREET ADDRESS	3155 WILLOW LANE			000000202001	
CITY- ST- ZIP	HIALEAH GARDENS FL 33018			01/28/05-80091-013 150.00	
TITLE	S	Delete		Change Add	
NAME	STERN, STEPHEN				
STREET ADDRESS	3155 WILLOW LANE				
CITY- ST- ZIP	WESTON FL 33331				
TITLE	V	Delete		Change Add	
NAME	STERN, BRETT				
STREET ADDRESS	3155 WILLOW LANE				
CITY- ST- ZIP	WESTON FL 33331				
TITLE		Delete		Change Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		Delete		Change Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		Delete		Change Add	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Storm* **1/25/2005 305-364-0040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #