


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 018 ***150.00

| | |
|--------------------------------|---|
| DOCUMENT # P99000052870 |  |
| 1. Entity Name 8726 CORP. | |

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| Principal Place of Business 801 SHOTGUN RD SUNRISE, FL 33326 | Mailing Address 8726 NW 119 ST HIALEAH GARDENS, FL 33010 |
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40038551



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|--|---------|--|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 801 SHOTGUN ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State SUNRISE, FL | |
| Zip | Country | Zip | Country |
| 33326 | USA | 33326 | USA |

02272008 Chg-P CR2E034 (12/06)

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|-----------------------------|--|
| 4. FEI Number 65-0946559 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|--|--|--|--|
| 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) 801 SHOTGUN ROAD City SUNRISE FL Zip Code 33326 | |

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 3/1/08
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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STERN, DIANE 3155 WILLOW LANE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 SHOTGUN ROAD SUNRISE, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STERN, STEPHEN 3155 WILLOW LANE WESTON, FL 33331 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 SHOTGUN ROAD SUNRISE, FL 33326 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STERN, BRETT 3155 WILLOW LANE WESTON, FL 33331 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 SHOTGUN ROAD SUNRISE, FL 33326 |
| 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 |
| 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 exemptions contained in Chapter 119, 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:  DATE 2/1/08 954 562-9240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #