


**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

**08 MAR -7 AM 11:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S33099**  
1. Entity Name  
**STERLING FIN. & MGMT, INC.**



Principal Place of Business  
**2870 SCHERER DRIVE  
SUITE 100  
SAINT PETERSBURG, FL 33716 US**

Mailing Address  
**2950 N 28 TERRACE  
HOLLYWOOD, FL 33020 US**



12062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-3053370**

Applied For  
 Not Applicable

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

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

**KALLICHE, ANTHONY  
C/O THE CONTINENTAL GROUP, INC.  
2950 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	STOOPS, MARK S	
STREET ADDRESS	2870 SCHERER DR STE 100	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME	STRUNIN, RICHARD	
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, STEVEN J	
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMBERG, GENE	
STREET ADDRESS	2950 N 28TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDRICHSEN, JOHN B	
STREET ADDRESS	2950 N 28 TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROB RABIN	
STREET ADDRESS	2950 N. 28 TERR	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMAS ROSES	
STREET ADDRESS	2950 N. 28 TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY KALLICHE	
STREET ADDRESS	2950 N. 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	

200120090392  
03/12/08--01016--021 \*\*\$61.25

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 an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **11/8/08** DAYTIME PHONE: **954-926-4408**

**EST**