


**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

City & State

4. FEI Number  
**59-3053370**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200120090392</b> <b>03/12/08--01016--021 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROB RABIN</b> <b>2950 N. 28 TERR</b> <b>HOLLYWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TOMAS ROSES</b> <b>2950 N. 28 TERR</b> <b>HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ANTHONY KALLICHE</b> <b>2950 N. 28 TERRACE</b> <b>HOLLYWOOD, FL 33020</b>

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

55