2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S49144

1. Entity Name
STUTTGART INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1055 NW 51 CT FT LAUDERDALE, FL 33309	1055 NW 51 CT FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0259624	Not Applicable

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

6. Name and Address of Current Registered Agent

DEGOLLADA, EUGENE
1055 NW 51 CT
FT LAUDERDALE, FL 33309

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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 _____

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	
NAME	DEGOLLADA, EUGENE	
STREET ADDRESS	1800 S. OCEAN BLVD., #707	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	VD	
NAME	DEGOLLADA, MAURICIO	
STREET ADDRESS	1800 S. OCEAN BLVD., #707	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	STD	
NAME	DEGOLLADA, MARIA	
STREET ADDRESS	1800 S. OCEAN BLVD., #707	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/14/07-80033-024 150.00

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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: _____ Eugene Degollada Pres. 4-20-07 954 93.5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #