


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V18295</b> 1. Entity Name <b>STERLING MOTORWORKS CORP.</b>	
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Principal Place of Business <b>550 E. DONEGAN AVE. KISSIMMEE, FL 34744 US</b>	Mailing Address <b>550 E. DONEGAN AVE. KISSIMMEE, FL 34744 US</b>
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**DO NOT WRITE IN THIS SPACE**



06062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3099490</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CRUZ, FERNANDO  
2745 ALMOND AVE  
KISSIMMEE, FL 34746**

**DO NOT WRITE  
IN THIS SPACE**

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)

U00000566974  
06/12/06-20001-011 153.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CRUZ, FERNANDO 2745 ALMOND AVE KISSIMMEE, FL 34746</b>
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IN THIS SPACE**

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:** Fernando Cruz **6-6-06** **407 870-2221**

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