

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90325 007 ***150.00

DOCUMENT # P03000046954
 1. Entry Name
 STG, CORP.



Principal Place of Business
 3006 AVIATION AVENUE
 SUITE 2-A
 COCONUT GROVE, FL 33133

Mailing Address
 3006 AVIATION AVENUE
 SUITE 2-A
 COCONUT GROVE, FL 33133

66423577



2. Principal Place of Business
 2601 SO. BAYSHORE DR
 Suite, Apt. #, etc.
 200

3. Mailing Address
 2601 SO. BAYSHORE DR
 Suite, Apt. #, etc.
 200

04232004 Chg-P CR2E034 (10/03)

City & State
 COCONUT GROVE FL

City & State
 COCONUT GROVE FL

Zip
 33133

Country
 USA

Zip
 33133

Country
 USA

4. Fee Number
 20-0671293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RODRIGUEZ, JORGE E
 395 ALHAMBRA CIRCLE
 SUITE 301
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 JORGE L. LOPEZ-GARCIA

Street Address (P.O. Box Number is Not Acceptable)
 1570 MADRUGA AVE. STE 211

City
 CORAL GABLES FL

Zip Code
 33146

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: JORGE L. LOPEZ-GARCIA DATE: 4/28/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

President

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUBIN, EDUARDO 3006 AVIATION, SUITE 2-A COCONUT GROVE, FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| 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 | RUBIN, EDUARDO 2601 SO. BAYSHORE DR # 200 COCONUT GROVE FL 33133 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 for all other(s) empowered.

SIGNATURE: EDUARDO RUBIN DATE: 4/28/04 DAYTIME PHONE: 305-857-0440

SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR