


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90102 040 \*\*\*158.75

<b>DOCUMENT # F00000001008</b>	
1. Entity Name <b>SREG (STP), INC.</b>	

Principal Place of Business <del>4651 SHERIDAN ST, SUITE 200</del> <del>HOLLYWOOD, FL 33021</del>	Mailing Address <del>4651 SHERIDAN ST, SUITE 200</del> <del>HOLLYWOOD, FL 33021</del>
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2. Principal Place of Business 3390 Mary Street Suite, Apt. #, etc. Suite 200 City & State Coconut Grove, Florida Zip 33133 Country USA	3. Mailing Address 321 East Hillsboro Blvd. Suite, Apt. #, etc. City & State Deerfield Beach, Florida Zip 33441 Country USA
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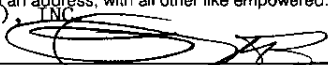
03092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  STOTZER, THEODORE R 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441	
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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 Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWERDLOW, MICHAEL J <input type="checkbox"/> Delete <del>4651 SHERIDAN STREET, SUITE 200</del> <del>HOLLYWOOD, FL 33021</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <input checked="" type="checkbox"/> Delete <del>ZOHN, FRANK</del> <del>4651 SHERIDAN STREET, SUITE 200</del> <del>HOLLYWOOD, FL 33021</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Roger LeBlanc 300 S.W. 1st Avenue, Suite 133 Ft. Lauderdale, Florida 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS STOTZER, THEODORE R <input type="checkbox"/> Delete <del>4651 SHERIDAN, SUITE 200</del> <del>HOLLYWOOD, FL 33021</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 321 East Hillsboro Blvd. Deerfield Beach, Florida 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(i), 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: By:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theodore R. Stotzer, Executive Vice President	April 15, 2004 (954) 949-3480 Date Daytime Phone #