


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004467
1. Entity Name
SRT TELECOMMUNICATIONS LIMITED CORPORATION



Principal Place of Business
**600 NORTH PINE ISLAND ROAD, STE. 150
PLANTATION, FL 33324**

Mailing Address
**600 NORTH PINE ISLAND ROAD, STE. 150
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
84-1318046 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	PD ST-ARNAUD, PIERRE 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, DAVID L 600 NORTH PINE ISLAND ROAD, STE. 150 PLANTATION, FL 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Apr 29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #