

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90400 050 ***150.00

DOCUMENT # F98000000378
 1. Entity Name
SRB MGT. CORP.



Principal Place of Business Mailing Address
1600 SE 17 STREET SUITE 306 FORT LAUDERDALE FL 33316 **P.O. BOX 22968 FORT LAUDERDALE FL 33335**



MOORE CR2E034 (11/03)

2. Principal Place of Business **401 East Las Olas Blvd**
 Suite, Apt. #, etc. **Suite 1140**

3. Mailing Address
 Suite, Apt. #, etc.

City & State **Ft. Lauderdale, FL**
 Zip **33301** Country **USA**

4. FEI Number **65-0803024** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BERRARD, STEVEN R	
STREET ADDRESS	1600 SE 17 STREET STE 306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	BYRNE, THOMAS C	
STREET ADDRESS	1600 SE 17 STREET STE 306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVCAMP, THOMAS	
STREET ADDRESS	1600 SE 17 STREET STE 306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:  **3/31/04** **954-713-1161**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #