

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # G16730	
1. Entity Name STONBERG, INC.	

Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES FL 33134	Mailing Address 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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STONBERG, MARVIN E 2121 PONCE DE LEON BLVD, SUITE 1100 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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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
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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 B. 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 PST STONBERG, MARVIN 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP U00000014855 01/27/04-80039-025 150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD WILSON, ALLAN P 2121 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP ST WILSON, NORMA K 3425 NORTH MOORINGS WAY MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

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 changed, or on an attachment with an address, without other like empowered.

SIGNATURE:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date	Date	Date	Daytime Phone #