


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 13 AM 11:03

DOCUMENT # G39924 1. Entity Name STAG, INC.					
Principal Place of Business 13755 SW 119TH AVENUE MIAMI, FL 33186 US		Mailing Address 13755 SW 119TH AVENUE MIAMI, FL 33186 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312004 <i>Chg-P</i> CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2338263	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMOLE, MYRON M P.A. 9700 S. DIXIE HWY., SUITE 1030 MIAMI, FL 33156			Name Myron M. Samole		
			Street Address (P.O. Box Number is Not Acceptable) 9700 S. Dixie Hwy, Suite 1030		
			City Miami		State FL
			Zip Code 33156		
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: <i>Myron M Samole</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 3-31-2004	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMOLE, MYRON M		NAME		
STREET ADDRESS	13755 SW 119TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER WERNER		NAME	VP Schneider, Werner	
STREET ADDRESS	15581 SW 146TH AVE.		STREET ADDRESS	13755 SW 119 Ave.	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33186	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMOLE, SHANE		NAME	P Samole, Shane	
STREET ADDRESS	13755 SW 119TH AVENUE		STREET ADDRESS	13755 SW 119 Ave.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Miami, FL 33186	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	400033473544	
CITY-ST-ZIP			CITY-ST-ZIP	04/21/04--01071--019 **61.25	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <i>Myron M Samole</i>		Myron M Samole		3-31-2004 305-670-5070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	