


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G39924 1. Entity Name STAG, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 13 AM 11:03	
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SAMOLE, MYRON M P.A. 9700 S. DIXIE HWY., SUITE 1030 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Myron M. Samole Street Address (P.O. Box Number is Not Acceptable) 9700 S. Dixie Hwy, Suite 1030 City Miami 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 <u><i>Myron M. Samole</i></u> 3-31-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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 NAME STREET ADDRESS CITY-ST-ZIP	P SAMOLE, MYRON M 13755 SW 119TH AVENUE MIAMI, FL 33186	<input checked="" 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	S SCHNEIDER WERNER 15581 SW 146TH AVE. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Schneider, Werner 13755 SW 119 Ave. Miami, FL 33186			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMOLE, SHANE 13755 SW 119TH AVENUE MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Samole, Shane 13755 SW 119 Ave. Miami, FL 33186			
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 400033473544 04/21/04--01071--019 **61.25			
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 another like empowered.							
SIGNATURE: <u><i>Myron M. Samole</i></u> Myron M Samole 3-31-2004 305-670-5070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							