2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17389

Entity Name: SRT GROUP, INC.

FILED Apr 29, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3250 MARY STREET, SUITE 407 MIAMI, FL 33133			3250 MARY STREET, SUITE 401 MIAMI, FL 33133		
Current Mailing Address:			New Mailing Address:		
3250 MARY STREET, SUITE 407 MIAMI, FL 33133			3250 MARY STREET, SUITE 401 MIAMI, FL 33133		
FEI Number	: 59-2522234	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
2655 LE JE #1101 CORAL G	CHARLES P EUNE ROAD ABLES, FL 33 named entity		ourpose of changing its register	ed office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
Election Car		nic Signature of Registered Aga g Trust Fund Contribution ().	ent	Date	
	S AND DIREC	- ,,	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:) Delete RLES	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DPT (PARKER, ROE 2523 LINCOLN MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X STERNER, JO 8930 SW 52 A MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD (PARKER, ALFI 2521 LINCOLN MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D (X	n Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBIN Z. PARKER PRES 04/29/2004

O'FARRELL, STEPHEN T

1320 S DIXIE HWY STE 1045

CORAL GABLES, FL 33146

Name:

Address:

City-St-Zip: