2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P00000044333 1. Entity Name SGL STOCKS INC Principal Place of Business Mailing Address 2421 NE 7 PLACE 2421 NE 7 PLACE FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 03302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1014725 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent LYCOURIS, STEVEN DO NOT WRITE 2421 NE 7 PLACE FORT LAUDERDALE, FL 33304 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000130493 Trust Fund Contribution. Added to Fees 04/26/04-80119-019 150.00 OFFICERS AND DIRECTORS 10. TITLE LYCOURIS, STEVE NAME STREET ADDRESS 2421 NE 7TH PLACE FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Spel 24- 2004

FILED