


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90017 003 ***150.00

DOCUMENT # P01000105954 1. Entity Name STEROX ENTERPRISES, INC.					
Principal Place of Business 4980 SOUTHWEST 165TH AVENUE MIRAMAR, FL 33027			Mailing Address 4980 SOUTHWEST 165TH AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			04092004 Chg-P CR2E034 (10/03)		54037748
			4. FEI Number 60-0001613		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MARTINEZ, PABLO P 4980 SW 165 AVE HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent Name Pablo A. Pena Street Address (P.O. Box Number is Not Acceptable) 4980 S.W. 165th Avenue City Miramar, FL Zip Code 33027		
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>Pablo Pena</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>April-15-2004</i></u>					
FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2004 Fee will be \$550.00		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	PD PENA, PABLO A 4980 SOUTHWEST 165TH AVENUE MIRAMAR, FL 33027	<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	ST TORO, ROXANA 4980 SOUTHWEST 165TH AVENUE MIRAMAR, FL 33027	<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
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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 all other like empowered.					
SIGNATURE: <u><i>Pablo Pena</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>April 15 2004</i></u> <small>Date</small>		<u><i>(954) 436-3624</i></u> <small>Daytime Phone #</small>