


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90255 031 ***150.00

DOCUMENT # P01000114249

1. Entity Name
SRG CONSULTING INC.



Principal Place of Business Mailing Address

7940 SW 15 ST. TERR. 7940 SW 15 ST. TERR.
 MIAMI, FL 33157 1152 N. UNIVERSITY DRIVE STE. 202
 MIAMI, FL 33157

94072870

2. Principal Place of Business 3. Mailing Address

7940 SW 154th Terrace **7940 SW 154th Terrace**

Suite, Apt. #, etc. Suite, Apt. #, etc.



04232004 Chg-P CR2E034 (10/03)

City & State City & State

Miami, Florida **Miami, Florida**

4. FEI Number Applied For

65-1155794 Not Applicable

Zip Country Zip Country

33157 **USA** **33157** **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

REDLICH, STEVEN R
7940 SW 154 TERR.
PEMBROKE PINES, FL 33024

Name
Redlich, Steven R.

Street Address (P.O. Box Number is Not Acceptable)
7940 SW 154th Terrace

City State Zip Code
Miami **FL** **33157**

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  **Steven R. Redlich / President** DATE **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLICH, STEVEN R	NAME	
STREET ADDRESS	3000 SW 3RD AVENUE #1005	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDLICH, ADRIANA M	NAME	
STREET ADDRESS	3000 SW 3RD AVENUE #1005	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	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	
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 all other like empowered.

SIGNATURE:  **Steven R. Redlich / President** DATE **4/27/04** DAYTIME PHONE **305-254-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #