2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000120295

1. Entity Name
SRF INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
1020 S.W. 93RD AVENUE PLANTATION, FL 33324	1020 S.W. 93RD AVENUE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

03092004   No Chg-P   CR2E034 (10/03)

4. FEI Number   43-1987279   — | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FLEISCHER, SCOTT
1020 S.W. 93RD AVENUE
PLANTATION, FL 33324

DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE 3/8/04

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

U00000101355
04/02/04-80009-018 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PDVS
NAME	FLEISCHER, SCOTT
STREET ADDRESS	1020 S.W. 93RD AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	T
NAME	FLEISCHER, RACHEL
STREET ADDRESS	1020 SW 93 AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324

DO NOT WRITE IN THIS SPACE

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: _____   3/8/04   904-683-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #