SENT BY: KUNKEL-MILLER-HAMENT; 813 969 3639; API

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90033 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000000237

1. Entity Name
STS GROUP, INC.

94058218

Principal Place of Business	Mailing Address
4900 MANATEE AVENUE WEST SUITE 101 BRADENTON, FL 34209	160 BROADWAY, 15TH FLOOR SUSAN KENNEDY NEW YORK, NY 10038

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
160 Broadway, 15th Floor	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10038 Country: NY	Zip / Country

4. FEI Number: 65-0557834 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CASSENA, ROBERT 160 BROADWAY 15TH FLOOR NEW YORK, NY 10038 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PSTD Cassera, Robert 160 Broadway, 15th Floor New Yrok, NY 10038
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______ 4-15-04 212-346-7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #