


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 050 ***150.00

DOCUMENT # P97000031364	
1. Entity Name SOUTHERN TRUST MORTGAGE GROUP INC.	

Principal Place of Business 91831 OVERSEAS HWY STE 202 TAVERNIER, FL 33070 US	Mailing Address 91831 OVERSEAS HWY STE 202 TAVERNIER, FL 33070
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94067601



2. Principal Place of Business 100 NE 15 Street	3. Mailing Address 100 NE 15 Street
Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc. Suite 206
City & State Homestead, FL	City & State Homestead, FL
Zip 33030	Country USA

04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MONTERO, MARIA I 226 BURGANDY DRIVE TAVERNIER, FL 33070	
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7. Name and Address of New Registered Agent Name Montero, Maria I.	
Street Address (P.O. Box Number is Not Acceptable) 22990 SW 179 PL	
City miami	FL Zip Code 33170

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]	DATE 4/22/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTERO, MARIA I 226 BURGANDY DRIVE TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTERO, MARIA I. 22990 SW 179 PL MIAMI, FL. 33170 <input checked="" 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
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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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

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: [Signature]	DATE 4/22/04 DAYTIME PHONE (305) 491-4672