2004 FÖR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # P97000031452 1. Entity Name STG REALTY CORP. Principal Place of Business Mailing Address 4000 TOWERSIDE TERR., STE. 1602 4000 TOWERSIDE TERR., STE. 1602 MIAMI, FL 33138 MIAMI, FL 33138 CR2E034 (10/03) 01202004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0755977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STIER, MELVIN 4000 TOWERSIDE TERR IN THIS SPACE STE 1602 MIAMI, FL 33138 5. 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME STIER, MELVIN U00000019421 01729/04-80024-014 150.00 STREET ADDRESS 4000 TOWERSIDE TERR., STE. 1602 CITY-ST-ZIP MIAMI, FL 33138 s TITLE TROPPER, ELSIE MALKE 7616 NORTH PORT DR STREET ADDRESS CRY-ST-7IP BOYNTON BEACH, FL 33437 TITLE GEYER, HANNAH NAME STREET ADDRESS 90 CAMBRIDLE LN DO NOT WRITE BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE NAME STREET ASDRESS CITY-ST-ZIP TITLE NAME.

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes, and if made under oath, that I am an officer or director of the corporation or the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURADO TIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 305 895 1583

FILED