

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90009 030 \*\*\*158.75

**DOCUMENT # P98000084824**

1. Entity Name  
**SRE INTERNATIONAL, INC.**



Principal Place of Business  
**4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33146**

Mailing Address  
**4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33146**

**54026121**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0883582**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COX, STEPHEN D  
4000 PONCE DE LEON BLVD., STE 470  
CORAL GABLES, FL 33146**

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

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

TITLE NAME	P COX, STEPHEN D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4000 PONCE DE LEON BLVD., STE 470 CORAL GABLES, FL 33146	
TITLE NAME	S COX, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	27745 SINSOMTE MISSION VIEJO, CA 92692	
TITLE NAME	VP COX, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	27068 VIA MENCIA LAGUNA NIGUEL, CA 92677	
TITLE NAME	VP COX, DANIEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>27745 SINSOMTE</del> <del>MISSION VIEJO, CA 92692</del>	
TITLE NAME	VP COX, STEPHEN H	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<del>4299 TIMBER HOLLOW LOOP</del> <del>CASTLE ROCK, CO 80401</del>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	27545 PUERTA ANJAL #100-182 MISSION VIEJO, CA 92691	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	47 CALVADOS NEWPORT COAST, CA 92657	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 MARCH 2004

Date

305-772-0208

Daytime Phone \*

STEPHEN D. COX