

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-0883582

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
P
 NAME **COX, STEPHEN D**
 STREET ADDRESS **4000 PONCE DE LEON BLVD., STE 470**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
S
 NAME **COX, BEVERLY**
 STREET ADDRESS **27745 SINSOMTE**
 CITY-ST-ZIP **MISSION VIEJO, CA 92692**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **COX, ROBERT**
 STREET ADDRESS **27068 VIA MENCIA**
 CITY-ST-ZIP **LAGUNA NIGUEL, CA 92677**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VP
 NAME **COX, DANIEL**
 STREET ADDRESS ~~27745 SINSOMTE~~
 CITY-ST-ZIP ~~MISSION VIEJO, CA 92692~~

TITLE Change Addition
 NAME
 STREET ADDRESS **27525 PUERTA ANJOL #100-182**
 CITY-ST-ZIP **MISSION VIEJO, CA 92691**

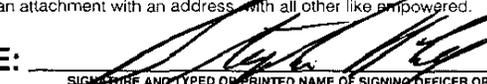
TITLE Delete
VP
 NAME **COX, STEPHEN H**
 STREET ADDRESS ~~4299 TIMBER HOLLOW LOOP~~
 CITY-ST-ZIP ~~CASTLE ROCK, CO 80401~~

TITLE Change Addition
 NAME
 STREET ADDRESS **47 CALVADOS**
 CITY-ST-ZIP **NEWPORT COAST, CA 92657**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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
STEPHEN D. COX

31 MARCH 2004 **305-772-0208**
 Date Daytime Phone #