## 2004 FOR PROFIT CORPORATION

## **FILED** Feb 16, 2004 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P99000020615 1. Entity Name STDM INC. Mailing Address Principal Place of Business 16105 NE 18 AVE 16105 NE 18 AVE NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0903872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RONES, VICTOR K DO NOT WRITE 16105 NE 18 AVE NORTH MIAMI BEACH, FL 33162 IN THIS SPACE 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 Squature, typed or printed name of registered eigent and title ill applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GRUENWURZEL, LEOANRDO NAME 16105 NE 18 AVE STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP U00000054902 02/17/04-80015-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 triBand 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 of 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 attachrigent with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-10-04

Date

Daytime Phone ⊭