


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90019 001 \*1,500.00

|   |   |
|---|---|
| <b>DOCUMENT # P99000063017</b>                          |  |
| 1. Entity Name<br><b>THE STONEHEDGE GROUP, INC. - V</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><del>9350 SOUTH DIXIE HIGHWAY</del><br><del>SUITE 1550</del><br><del>MIAMI, FL 33156</del> | Mailing Address<br><del>9350 SOUTH DIXIE HIGHWAY</del><br><del>SUITE 1550</del><br><del>MIAMI, FL 33156</del> |
|---|---|

66400375



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>P.O. Box 566777</b> | 3. Mailing Address<br><b>P.O. Box 566777</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

01222004 Chg-P CR2E034 (10/03)

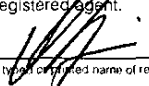
|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>MIAMI, FL</b> | City & State<br><b>MIAMI, FL</b> |
| Zip<br><b>33256</b>              | Country<br><b>USA</b>            |

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3618831</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

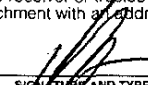
|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LIPSON, GARY D</b><br><del>9350 SOUTH DIXIE HIGHWAY</del><br><del>SUITE 1550</del><br><del>MIAMI, FL 33156</del> |  |
|--|--|

|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent        |                          |
| Name   |                          |
| Street Address (P.O. Box Number is Not Acceptable) |                          |
| <b>914 MATANZAS AVE</b>                            |                          |
| City <b>CORAL GABLES</b>                           | Zip Code <b>FL 33146</b> |

|   |   |
|---|---|
| 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  <b>AS RECEIVER</b>  | <b>GARY D. LIPSON, AS RECEIVER</b> <b>1/26/04</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REC<br>LIPSON, GARY D<br><del>9350 SOUTH DIXIE HIGHWAY, SUITE 1550</del><br><del>MIAMI, FL 33156</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>914 MATANZAS AVE</b><br><b>CORAL GABLES, FL 33146</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>AS RECEIVER</b>   | <b>GARY D. LIPSON, AS RECEIVER</b> <b>1/26/04</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |
| Date  | Daytime Phone #                                   |