


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 037 ***150.00

DOCUMENT # P01000044066			
1. Entity Name BY OWNER GROUP INC.			
Principal Place of Business 275 FONTAINEBLEAU BLVD. STE 160 MIAMI FL 33172		Mailing Address 275 FONTAINEBLEAU BLVD. STE 160 MIAMI FL 33172	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 65-1099502		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LABRADOR, OSVALDO 275 FONTAINEBLEAU BLVD. SUITE 160 MIAMI FL 33172		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.

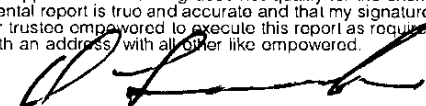
03-01-07

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABRADOR, OSVALDO			NAME	LABRADOR, OSVALDO		
STREET ADDRESS	275 FONTAINEBLEAU BLVD. SUITE 160			STREET ADDRESS	275 FONTAINEBLEAU BLVD. # 160		
CITY- ST- ZIP	MIAMI FL 33172			CITY- ST- ZIP	MIAMI, FLORIDA. 33172 33172		
TITLE	SDD	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LABRADOR, VIRGINIA			NAME	LABRADOR, JAVIER O.		
STREET ADDRESS	275 FONTAINEBLEAU BLVD. SUITE 160			STREET ADDRESS	275 FONTAINEBLEAU BLVD. # 160		
CITY- ST- ZIP	MIAMI FL 33172			CITY- ST- ZIP	MIAMI, FLORIDA. 33172 33172		
TITLE		<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	LABRADOR, VIRGINIA		
STREET ADDRESS				STREET ADDRESS	275 FONTAINEBLEAU BLVD. # 160		
CITY- ST- ZIP				CITY- ST- ZIP	MIAMI, FLORIDA. 33172		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  _____

03-01-07 (305) 554-8000

Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR