


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90001 005 \*\*\*550.00

**DOCUMENT # P02000095799**

1. Entity Name  
**THE NEW FT. LAUDERDALE GROUP, INC.**



Principal Place of Business  
**1876 NORTH UNIVERSITY DRIVE  
 SUITE 200P  
 PLANTATION, FL 33322**

Mailing Address  
**1876 NORTH UNIVERSITY DRIVE  
 SUITE 200P  
 PLANTATION, FL 33322**

2. Principal Place of Business  
**780 NW 42nd Ave.**


3. Mailing Address  
**780 NW 42nd Ave.**

Suite, Apt. #, etc.  
**523**

City & State  
**Miami, Florida**

Zip  
**33126**

Country  
**USA**



07012004 Chg-P CR2E034 (10/03)

4. FEI Number  
**46-0503096**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MALFELD, GARY D  
 8420 NW 52ND STREET  
 SUITE 107  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name  
**Aurelio A. Piedra, III C.P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**780 NW Le Jeune Road  
 Suite 516**

City  
**Miami**

FL Zip Code  
**33126**

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:  **Aurelio A. Piedra, III, C.P.A.** 07-08-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	S LCON, ALFREDO 7811 NW 4TH STREET FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pecorelli, Antonio 780 NW 42nd Ave, Ste. 523 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIMIOB, ALFREDO CALLE P-3 QUINTA NUEVA SECOR EL PORTAL LA LAGUINTA, CARACAS, VEN., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kasabdj, Elias 780 NW 42nd Ave, Ste. 523 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **Elias Kasabdj** 7/8/04 786-552-7884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #