## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000114453

1. Entity Name 709 GROUP, INC.



Jan 24, 2008 08:00 Al Secretary of State

**FILED** 

Principal Place of Business

1523 SW 21ST AVENUE FORT LAUDERDALE, FL 33312 Mailing Address

1523 SW 21ST AVENUE FORT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

01142008

4. FEI Numb

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0650191 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGEL, ROBERT A 1523 S.W. 21ST AVENUE FORT LAUDERDALE, FL 33312

## DO NOT WRITE IN THIS SPACE

			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  Signature: Noted or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  FILE NOW!!! FILE IS \$150.00  FILE NOW!!! FILE IS \$150.00  After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	DATE .
10.	OFFICERS AND DIREC	CTORS	I		
NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, ROBERT A 1523 SW 21ST AVENUE FORT LAUDERDALE, FL 33312				000000795578 01/28/08-80053-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORUFF, STEPHEN 1523 SW 21ST AVENUE FORT LAUDERDALE, FL 33312				01,20,00 00000 010 100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGEL, GARY R 1523 SW 21ST AVENUE FORT LAUDERDALE, FL 33312			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
NAME STREET ADDRESS CITY-ST-2IP		,			•
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information in the control of the contro					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED N

GARY R. ENGEL

Den. 15, 2008

954-5831109

Daytime Phone