


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90006 049 \*\*\*550.00

**DOCUMENT # P02000129379**

1. Entity Name  
**GRUPO ASSA CORP.**



Principal Place of Business      Mailing Address

**10100 N.W. 116TH WAY STE 11  
 MEDLEY, FL 33178**      **10100 N.W. 116TH WAY STE 11  
 MEDLEY, FL 33178**

**54056102**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03142003      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**APPLICATOR 58-0463318**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LAW FIRM OF MANFRED ROSENOW, P.A.  
 2425 CORAL WAY  
 MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

Name **MAIDAN, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)  
**10100 NW 116 WAY #11**

City **MEDLEY**      **FL**      Zip Code **33178**

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]*      DATE **5/21/04**

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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	WAGMAISTER, SIMON R	
STREET ADDRESS	10100 N.W. 116TH WAY STE 11	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOCH, ABELARDO L	
STREET ADDRESS	10100 N.W. 116TH WAY STE 11	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CABABIE, DANIEL A	
STREET ADDRESS	10100 N.W. 116TH WAY STE 11	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAIDAN, MICHAEL	
STREET ADDRESS	10100 NW 116 WAY, #11	
CITY-ST-ZIP	MEDLEY, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 life empowered.

SIGNATURE: *[Signature]*      Date **5/21/04**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR