

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030032

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: CHAIN GROUP CORPORATION

## Current Principal Place of Business:

9300 NW 58TH STREET  
SUITE 214  
MIAMI, FL 33178

## New Principal Place of Business:

5220 S UNOVERSITY DR  
SUITE 107  
DAVIE, FL 33328

## Current Mailing Address:

9300 NW 58TH STREET  
SUITE 214  
MIAMI, FL 33178

## New Mailing Address:

5220 S UNIVERSITY DR  
SUITE 107  
DAVIE, FL 33328

FEI Number: 20-0743499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, HECTOR J VPD  
9300 NW 58 STREET  
SUITE 214  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

ALCOCER, ANDRES A PD  
5220 S UNIVERSITY DR  
SUITE 107  
DAVIE, FL 33328 US

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.

SIGNATURE: ANDRES ALCOCER

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CADENA, ROBERTO  
Address: 9300 NW 58 STREET, SUITE 214  
City-St-Zip: MIAMI, FL 33178

Title: VPSD ( ) Delete  
Name: ALCOCER, ANDRES  
Address: 9300 NW 58 STREET, SUITE 214  
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete  
Name: HERNANDEZ, HECTOR  
Address: 9300 NW 58 STREET, SUITE 214  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: CADENA, ROBERTO  
Address: 5220 S UNIVERSOTY DR, SUITE 107  
City-St-Zip: DAVIE, FL 33328

Title: PD (X) Change ( ) Addition  
Name: ALCOCER, ANDRES  
Address: 5220 S UNIVERSOTY DR, SUITE 107  
City-St-Zip: DAVIE, FL 33328

Title: VPSD (X) Change ( ) Addition  
Name: HERNANDEZ, HECTOR  
Address: 5220 S UNIVERSOTY DR, SUITE 107  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES ALCOCER

PD

04/07/2006

Electronic Signature of Signing Officer or Director

Date