2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000160259

1. Entity Name

STATEWIDE PROPERTIES GROUP, INC.



FILED Mar 14, 2006 8:00 am Secretary of State

03-14-2006 90037 031 ***150.00

Principal Place of Business

5448 HOFFNER AVE STE 304 ORLANDO, FL 32812 Mailing Address

5448 HOFFNER AVE STE 304 ORLANDO, FL 32812



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6Name a	nd Add	lress of Cu	rrent Registered Agent	ī

FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE, FL 33311

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the obligat	tions of registered agent.			3	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regi	stered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D VIAMONTES, RENE 5448 HOFFNER AVE STE 304 ORLANDO, FL 32812	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIAMONTES, JUAN C 5448 HOFFNER AVE STE 304 ORLANDO, FL 32812				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D VIAMONTES, JUAN D 5448 HOFFNER AVE STE 304 ORLANDO, FL 32812			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					

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. Lam familiar with, and according to the purpose of changing its registered agent, or both.

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 informati-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 directly of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Director

2127/06