


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-10-2006 90025 027 ***150.00

DOCUMENT # P05000005995

1. Entity Name
 101 GROUP CORP



Principal Place of Business
 344 NE 167 ST
 N MIAMI BCH, FL 33162

Mailing Address
 344 NE 167 ST
 N MIAMI BCH, FL 33162

00044431

2. Principal Place of Business
 1979 N. E 147 TERR

3. Mailing Address

Suite, Apt. #, etc.



06302006 Chg-P CR2E034 (11/05)

City & State
 NORTH MIAMI, FL

City & State

Zip
 33181

Country
 U.S.A.

4. FEI Number
 26-0104686

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
 VICTOR ACCO

Street Address (P.O. Box Number is Not Acceptable)
 1979 N. E. 147 TERR

City
 NORTH MIAMI

State
 FL

Zip Code
 33181

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 _____ DATE 7/3/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST ACCO, VICTOR 344 NE 167 ST N MIAMI BCH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1979 N. E. 147 TERR. NORTH MIAMI, FL 33181
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12. I hereby certify that the information supplied with this filing 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 _____ DATE 7/3/06 (305)300-8743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR