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Apr 04, 2007 8:00 am
Secretary of State
03-26-2007 90062 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

DOCUMENT # P06000051400

1. Entity Name
TEXAS GROUP, CORP.

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD STE 1600 MIAMI, FL 33156	9130 S DADELAND BLVD STE 1600 MIAMI, FL 33156

02082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4668607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN & GUZMAN P.A.
ATTN: MARIO GUZMAN
9130 S DADELAND BLVD STE #1504
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD. STE 1600

City Miami FL Zip Code 33156

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALHADEFF, JAMES		NAME		
STREET ADDRESS	RAFAEL HERNANDEZ 2879		STREET ADDRESS	9130 S. DADELAND BLVD. STE 1600	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA,		CITY-ST-ZIP	Miami FL. 33156	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE ALHADEFF, SILVANA G		NAME		
STREET ADDRESS	9130 S DADELAND BLVD STE 1504		STREET ADDRESS	9130 S. DADELAND BLVD. STE 1600	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami FL. 33156	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] JAMES ALHADEFF PRESIDENT 02/26/07 (305) 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #