




FILED
Apr 21, 2008 8:00 am
Secretary of State

04-01-2008 90009 034 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000031456 1. Entity Name MENCEY GROUP, INC.					
Principal Place of Business 6955 NW 77TH AVE - STE 203 MIAMI, FL 33166		Mailing Address 6955 NW 77TH AVE - STE 203 MIAMI, FL 33166			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEL Number 20-8646684	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ DE ARMAS, ANTONIO 6955 NW 77TH AVE - STE 203 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Jorge Sanchez-Galarraga Street Address (P.O. Box Number is Not Acceptable) 1313 Ponce de Leon Boulevard Suite 301 City Coral Gables FL Zip Code 33134		
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 Mar. 26, 2008	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ DE ARMAS, ANTONIO 6955 NW 77TH AVE - STE 203 MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T RODRIGUEZ DE ARMAS, ANTONIO 6955 NW 77TH AVENUE #203 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ GONZALEZ, PEDRO BLAS 6955 NW 77TH AVE - STE 203 MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 filers empowered.					
SIGNATURE: 				ANTONIO RODRIGUEZ DE ARMAS 3/26/08	

66007305



03032008 Chg-P CR2E034 (12/06)

Applied For
 Not Applicable

8.75 Additional Fee Required

SIGNATURE:

ANTONIO RODRIGUEZ DE ARMAS

3/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #