


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000077570**

1. Entity Name  
**F D E Z GROUP, INC.**



Principal Place of Business 7071 SW 47 ST MIAMI, FL 33155	Mailing Address 7071 SW 47 ST MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0781852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**FERNANDEZ, FAUSTINO**  
**6650 SW 79 AVE**  
**MIAMI, FL 33193**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, FAUSTINO 6650 SW 79 AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, ADOLFO 1046 NW 133RD AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 07/03/04-80013-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information empowered.

**SIGNATURE:** \_\_\_\_\_ **FAUSTINO FERNANDEZ** 7-7-04 305-761-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #