


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90044 010 ***150.00

| | | | | | | | |
|---|---------------------|---|---|---|-----------------------------------|-------------|----------------|
| 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 | | | | | |
| 2. Principal Place of Business <i>SAME</i> | | 3. Mailing Address <i>SAME</i> | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0781852 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | | |
| Not Applicable | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | 01122005 Chg-P CR2E034 (10/03) \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| FERNANDEZ, FAUSTINO 6650 SW 79 AVE MIAMI, FL 33193 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | VTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | FERNANDEZ, FAUSTINO | | NAME | | | | |
| STREET ADDRESS | 6650 SW 79 AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | | | | |
| TITLE | PSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | FERNANDEZ, ADOLFO | | NAME | | | | |
| STREET ADDRESS | 1046 NW 133RD AVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI, FL 33182 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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 like empowered. | | | | | | | |
| SIGNATURE: _____ | | | _____ Date Daytime Phone # | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |