


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000024769
 1. Entity Name
GROUPSAKS, CORP.



Principal Place of Business: **887 E. OKECHOBEE RD. HIALEAH, FL 33010**
 Mailing Address: **887 E. OKECHOBEE RD. HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



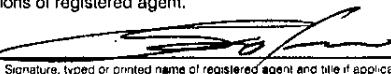
04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0820250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAKS, FRANK
887 E. OKEECHOBEE RD
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

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: **4-10-08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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


000000893273
04/23/08-80095-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAKS, FRANK 887 E. OKEECHOBEE RD MIAMI, FL 33010
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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: **4-10-08** DAYTIME PHONE #: **305-884-9959**

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