


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P9900011233


1. Entity Name
EAGLE GROUP 2000, INC.



Principal Place of Business Mailing Address

500 NW 165TH ST/RD #204 500 NW 165TH ST/RD #204
 MIAMI, FL 33169 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



01272007 No Chg-P CR2E034 (11/05)

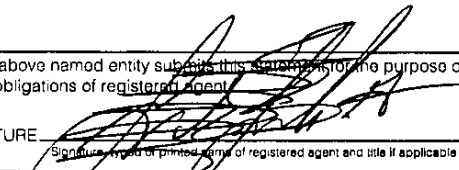
4. FEI Number 65-0981384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LODISH, ALVIN
 2500 1ST UNION FINANCIAL CENTER
 MIAMI, FL 33131-2336

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: 

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

U00000755909
 05/23/07-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOCKE, GEORGE E
STREET ADDRESS	500 NW 165TH ST/RD #204
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	DEGNUN, JAMES
STREET ADDRESS	3464 PINEHAVEN CIR
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD
NAME	SEIDENBERG, BRETT
STREET ADDRESS	8524 DEE CIR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DVP
NAME	FELIZ, JOSE
STREET ADDRESS	13177 W 17 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 *305-945-8844*

Date Daytime Phone #