2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # V18193 THE GROUP, INC.					7 90004 031 ***15	0.00
Principal Place of Business 605 LINCOLN R D STE 500 MIAMI BEACH, FL 33139		Mailing Address 605 LINCOLN R D STE 500 MIAMI BEACH, FL 33139		_			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-1981			oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Agent	
8. The above	ACH, FL 33139 named entity submits this statement for tions of registered agent.	the purpose of changing its r	City egistered office or regist	ered agent, or both	ı, in the State of R	FL Zip Cod	
FiL	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig		5.00 May Be		DATE	
10. OFFICERS AND DIR			11.	ADDITIONS/C	CHANGES TO OF	FFICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	DV LOWENSTEIN-BOANO, PAULA 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP	DV LOWENSTEIN-ELORTEGUI, FLA 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DV LOWENSTEIN, CARLA 605 LINCOLN RD 5TH RD MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	AS MATHIA, JUDITH 605 LINCOLN RD 5TH FL MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP			☐ Change	☐ Addition

12. Thereby certify that the information supplied with this filling does not quality 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.

TITLE

NAME

THE

NAME

STREET ADDRESS

STREET ADORESS CITY ST-ZIP

CHY ST ZIP

SIGNATURE

DV

LOWENSTEIN, DIEGO

605 LINCOLN RD 5TH FL

MIAMI BEACH, FL 33139

TITLE

NAME

FITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIG FICER OR DIRECTOR SIGNATURE AND TY

☐ Dele!e

Delete

305532-1215

☐ Change

☐ Change

Addition

☐ Addition

ATTACHMENT

APRIL 19, 2007

ATTACHMENT TO DOCMENT

V18193

Directors and Officers

D/P Alfredo Lowenstein Via Guidnio Superiore 13, Stabile 701 Apt 301-6 Paradiso

Lugano, Ticino 6900 SWITZERLAND

D/V Diego Lowenstein 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

D/V Paula Lowenstein-Boano 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

D/V Flavia Lowenstein-Elortegui 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

D/V Carla Lowenstein 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

V/S Bruce E. Lazar 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

V John W. Cooney 605 Lincoln Road – 5th Floor Miami Beach, FL 33139

AS Judith L. Mathia 605 Lincoln Road – 5th Floor Miami Beach, FL 33139