2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55833

Entity Name: PRIVATE GROUPS, INC.

US

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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4200 SANTA MARIA ST CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

PO BOX 144635 CORAL GABLES, FL 33114 US

FEI Number: 65-0146357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUERTES, FELIX R P
4200 SANTA MARIA STREET
CORAL GABLES, FL 331461125 US
FUERTES, FELIX R
4200 SANTA MARIA STREET
CORAL GABLES, FL 33146 US

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.

SIGNATURE: FELIX R FUERTES 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD () Delete Title: () Change () Addition

 Name:
 FUERTES, EVANGELINA
 Name:

 Address:
 823 MARTI ST
 Address:

 City-St-Zip:
 SAN JUAN, PR 00907
 City-St-Zip:

Title: D/AS Title: (X) Change () Addition () Delete Name: CAMERON FUERTES, REG. INA Name: CAMERON FUERTES, REG. INA 4200 SANTA MARIA ST 4200 SANTA MARIA ST Address: Address: CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

Title: V/TS () Delete Title: VTS (X) Change () Addition Name: FUERTES, FELIX R Name: FUERTES, FELIX R

Address: 4200 SANTA MARIA ST
City-St-Zip: CORAL GABLES, FL 33146
City-St-Zip: CORAL GABLES, FL 33146

Title: VDAS () Delete Title: VD (X) Change () Addition Name: FUERTES, ROBERTO Name: FUERTES, ROBERTO

Address: 500 MUNOZ RIVERA AVE, SUITE 256 Address: 500 MUNOZ RIVERA AVE, SUITE 256-257

City-St-Zip: SAN JUAN, PR 009L8 City-St-Zip: SAN JUAN, PR 00918

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX R FUERTES S 01/10/2005