## 2006 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

## Secretary of State DOCUMENT # P96000095449 1. Entity Name THE 2022 GROUP, INC. Maiting Address Principal Place of Business 14521 ROSEWOOD ROAD 14521 ROSEWOOD ROAD MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Maning Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0717563 Not Applie: Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINTON, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 14521 ROSEWOOD ROAD MIAMI LAKES FL 33014 Zio 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 acc. the obligations of registered agent. SIGNATURE Signature, typed or printed herrie of registered agent and rife if applicable (NOTE Registered Agent signature required when revisitanily) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May 9. Election Campaign Financing Trust Fund Contribution. Added to Fcc Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE anne ☐ Change ☐ Adic Des ☐ Dekde U00000412290 02/10/06-80042-004 150.00 NAME HINTON, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 14521 ROSEWOOD ROAD CITY-ST-ZIP MIAMI LAKES FL CUY-ST-ZE TITLE Delete T331 F Change Λ... NAME NAME HINTON, WALTON STREET ADDRESS STREET ADDRESS 14521 ROSEWOOD ROAD CATY-ST-ZIP MIAMI LAKES FL City-St-ZIP સાહ Change [ jay TITLE DVP Delete NAM NAME HINTON, KENNETH STREET ADDRESS STREET ADORESS 14521 ROSEWOOD RD CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL THILE ☐ Defete ROLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZO CITY-ST-ZIP ☐ Delete Change □ A: NAME MAME STREET ADDRESS STREET ADDRESS EITY -SI-70P CITY-ST-ZIP

12. I hereby ceruly that the information supplied with this fring does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE PARTIES IN Aleuton

1-24-2006 (305)821-951

**FILED** 

Jan 31, 2006 08:00 AM