2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000012272

1. Entity Name 1209 GROUP, INC.



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

Principal Place of Business

1209 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33301 Mailing Address

1209 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316-1905



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02050007	No Cha D	CD0E034 (41/05)	

4. FEt Number Applied For S5-0561858 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELETY, MICHAEL D 1209 SOUTHEAST 3RD AVENUE FT. LAUDERDALE, FL 33316

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TI. EAGDERDALE, TE 33310			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	tourpose of changing its registered	d office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FIL After M	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.,	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD GELETY, MICHAEL D 1209 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33301				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, RUBEN M 1209 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33301				U00000684930 04/06/07-80052-013 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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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: 2

LATING E AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DI

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X 3/28/07

462-4600 Davima Phone #