2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# 696387

Entity Name: STATEWIDE HOLDING GROUP, INC.

Current Principal Place of Business:

1769 N.W. 79TH AVENUE
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

1769 N.W. 79TH AVENUE
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 59-2826356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIVES, MARIO
1769 N.W. 79TH AVENUE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: VIVES, MARIO,
Address: 1769 NW 79 AVE.
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: GREEN, THOMAS A
Address: 1769 NW 79 AVE.
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: CARLIN, DONALD
Address: 3350 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete
Name: DEUTSCH, BRYAN W
Address: 1769 NW 79 AVE.
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: VIVES, MARIO
Address: 1769 NW 79 AVE.
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIO VIVES PSD 04/23/2005

Electronic Signature of Signing Officer or Director Date