

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002809

1. Entity Name  
CORUM GROUP, INC.



Principal Place of Business  
8271 S.W. 27TH LANE  
MIAMI, FL 33155

Mailing Address  
8271 S.W. 27TH LANE  
MIAMI, FL 33155



07202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2888480

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPAMERICA, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registration)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
LOPEZ, ELSA M  
8271 S.W. 27TH LANE  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
LOPEZ, ELSA M  
8271 S.W. 27TH LANE  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
LOPEZ, MIGUEL A  
8271 S.W. 27TH LANE  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000374408  
07/25/05-80008-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #