

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90420 017 ***158.75

14014535



04262005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000001296 1. Entity Name 451 GROUP, INC.			
Principal Place of Business 8307 NW 68TH STREET, SUITE 4771 MIAMI, FL 33166		Mailing Address 8307 NW 68TH STREET, SUITE 4771 MIAMI, FL 33166	
2. Principal Place of Business 4627 Ponce De Leon Suite, Apt. #, etc. 2nd floor		3. Mailing Address 4627 Ponce De Leon Suite, Apt. #, etc. 2nd Floor	
City & State CORAL GABLES, FL Zip - 33146 Country US		City & State CORAL GABLES, FL Zip - 33146 Country US	
4. FEI Number 36-4474696		Applied For Not Applicable	
5. Certificate of Status Desired: <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINALDI, ERNESTO 8307 NW 68TH STREET, SUITE 4771 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name: RINALDI, ERNESTO Street Address (P.O. Box Number is Not Acceptable): 4627 PONCE DE LEON 2ND FLOOR City: MIAMI FL Zip Code: 33146	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: 4-26-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: RINALDI, ERNESTO STREET ADDRESS: 8307 NW 68TH STREET, SUITE 4771 CITY-ST-ZIP: MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE: P NAME: RINALDI, ERNESTO STREET ADDRESS: 4627 PONCE DE LEON 2ND FLOOR CITY-ST-ZIP: CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE	
Signature and typed or printed name of signing officer or director		DATE: 4-26-05 Daytime Phone #	