2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F96000002778

1. Entity Name US GROUP (DE) INC.

Principal Place of Business 2000 ULTIMATE WAY WESTON, FL 33326

Mailing Address 2000 ULTIMATE WAY WESTON, FL 33326

FILED

- Jul 09, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

06302004	No Chg-P	CR2E034 (1	CR2E034 (10/03)		
4. FEI Number		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applied For		
65_069/	เก 77	-	Not Applicat		

5. Certificate of Status Desired ___ _

\$8.75 Additional

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE: DEWALD IN CAUSET SIGNATURE AND TYPED OF PRINTED NAME OF

PLANTATION, CC 33324			IN THIS SPACE			
	named entity submits this statement for the pons of registered agent	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature typed or printed name of registered agent and tifle if applicable (NOTE Registered			gent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar Due by September 8, 2004 Trust Fund Contribution.			ng 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	TORS			<u></u>	
HITLE NAME SIREL ADDRESS CHY-SI ZIP	CP SCHERR, SCOTT 2000 ULTIMATE WAY WESTON, FL 33326				U00000165007 07/09/04-80012-017 150.00	
NAME STREET ADDRESS CITY ST ZIP	D SCHERR, MARC D 2000 ULTIMATE WAY FORT LAUDERDALE, FL 33326					
tale Name Sireei address City Si Zip	3			DO NOT WRITE		
MAME STREET ADDRESS CITY-ST ZIP	VPC CONSEY, DONALD MUR 2000 ULTIMATE WAY WESTON, FL 33326		IN THIS SPACE			
THTLE NAME STREET ADORESS CITY ST AP						
NAME STREET ADDRESS CITY ST ZIP						
12. I hereby indicated of the coloranged	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowerer or on an attachment with an address, with all	ling does not qualify for the exem and accurate and that my signatu d to execute this report as require I other like empowered.	ption state re shall ha d by Char	ed in Section 119.07(3 ave the same legal effe oter 607, Florida Statut	(i), Florida Statutes. I further certify that the information act as if made under oath, that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if	