

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED

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

DOCUMENT # F99000005157

**1. Entity Name
9008 GROUP, INCORPORATED**



**Principal Place of Business
1999 W. 190TH STREET
TORRANCE, CA 90504**

**Mailing Address
P.O. BOX 29048
GLENDALE, CA 91209-9048**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
95-3278704**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000688085
04/10/07-80065-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HOWROYD, JANICE B
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	VCVT
NAME	BRYANT, CARLTON
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	S
NAME	BRYANT, TINA
STREET ADDRESS	1999 W. 190TH STREET
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Janice B. Howroyd **JANICE B. HOWROYD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/07

Daytime Phone #

8182408688