2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receive if changed, or on an attachmy

SIGNATURE AND PED OR PRINTED NAME

SIGNATURE:

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # Ke5338 1. Entity Name 03-27-2006 90254 023 ***150.00 GROUP M ADVERTISING & DESIGN, INC. Principal Place of Business Mailing Address 12930 SW 133 ST 12930 SW 133 CT MIAMI FL 33186 US MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 65-0126195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent MEJIA, PABLO R. Street Address (P.O. Box Number is Not Acceptable) 12930 SW 133 CT SUITE B STE - 217 **MIAMI FL 33186** City 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 the obligations of registered agent. Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete TITLE ☐ Addition MEJIA, PABLO R. NAME NAME 12350 S.W. 13287 #210 Mixmi /L - 33/86 STREET ADDRESS 1290-SW-133-ST_SUITE_B-STREET ADDRESS CITY-ST-ZIP MIAMITE CITY-ST-ZIP Delete DST TITLE TITLE ☐ Addition MEJIA, MICHELLE NAME: NAME 12350 S.W. 132 57-#210 Mixmy FC - 33186 STREET ADDRESS 12930-SW-133-CT-SUITE-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL --🔙 Delate TITLE-NAME MEJIA, BLANCA NAME STREET ADDRESS STREET ADDRESS 230 PARK ST CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL Delete TITLE TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP any plied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information plat 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 furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 han address, with all other like empowered. 12. Thereby certify that the information indicated on this report or supplementary

FILED