


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 043 ****50.00

DOCUMENT # L06000091830	
1. Entity Name INTEGRA GROUP LLC	

Principal Place of Business 10302 NW SO RIVER DRIVE BAY # 24 MEDLEY, 33178	Mailing Address 10302 NW SO RIVER DRIVE BAY # 24 MEDLEY, 33178
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60034082



2. Principal Place of Business - No P.O. Box # 11057 NW 122 ST	3. Mailing Address 11057 NW 122 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03142007 Chg-LLC CR2E083 (12/06)

City & State MEDLEY, FL.	City & State MEDLEY, FL
Zip 33178	Country
Zip 33178	Country

4. FEI Number 20-5573660	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MEDINA, JIMMY 10302 NW SO RIVER DRIVE BAY # 24 MEDLEY, FL 33178		7. Name and Address of New Registered Agent Name MEDINA, JIMMY Street Address (P.O. Box Number is Not Acceptable) 11057 NW 122 ST City MEDLEY FL Zip Code 33178	
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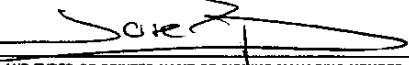
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDINA, JIMMY 10302 NW SO RIVER DRIVE BAY # 24 MEDLEY, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDINA, JIMMY 11057 NW 122 ST MEDLEY, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPARZA, JOSE 10302 NW SO RIVER DRIVE BAY # 24 MEDLEY, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPARZA, JOSE 11057 NW 122 ST MEDLEY, FL 33178 <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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **04/02/07 305.885.6055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #