2008 FOR PROFIT CORPORATION ANNUAL REPORT

F4], ED Jan 24, 2008 08:00 A State

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1. Entity Nam	MENT # M29929 s group, INC.					Secretary of	f S
Principal Place of Business Mailing Address 13030 SOUTHWEST 133RD COURT 13030 SOUTHWEST 133RD CO MIAMI, FL 33186 MIAMI, FL 33186			OURT				ł
D	O NOT WRITE	CE	01112008 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current Re	gistered Agent				····	
SUTTON, 7721 SW 6 FIRST FLO SOUTH MI	JOHN R 52 AVE	DO NOT WRITE IN THIS SPACE					
8. The above the obligati	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bol	h, in the State of Flor	ida. I am familiar with, and acc	cept
SIGNATURE	Signature, typed or orinled name of registered agent and	ed Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PST BREWER, TOM 13030 SW 133 CT MIAMI, FL 33186	RECTORS		<u>'</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, TOM 13030 SW 133 CT MIAMI, FL 33186			ł	000000 01/25/08-	793523 80013-010 150.00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME . STREET ADDRESS C1TY-ST-ZIP				IN "	THIS SP	ACE	
TITLE NAME STREET ADDRESS		·· ·· · · · · · · · · · · · · · · · ·			•		

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> 10 min SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR