2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 23, 2006 08:00 AM

DOCUMENT # M61251 1. Entity Name S & J GROUP, INC.					Secretary of State			
Principal Place 5800 SW 12 MIAMI, FL 33	2ND AVE	awing Address 6800 SW 122ND AVE MAMI, FL 33183 US			3 awas mata maan awan ma	EUSU BURU BURU RU	IN BYDN WWW. HOLE IN 1986	
n	O NOT WRITE II	N TUIC CDA	CE	02172008	No Chg-P	CR2E034 ((11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-000			Applied For	
				5. Certificate	of Status Desired	□ \$8.	.75 Additional Required	
	6. Name and Address of Current Regis	stered Agent		· · · · · · · · · · · · · · · · · · ·				
	named entity submits this statement for the fonce of registered agent.			stered agent, or bo	THIS SP	rida. Tam fami	liar with, and acce	
	Signature, typed or printed name of registered agent and file	if applicable. (NOTE: Register	red Agent signature red	uited when reinstating)	<u></u>	DATE		
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE DP DIAZ, SANDRA 5800 SW 122ND AVE MIAMI, FL 33183	CTORS			(1900))) -30 v30 v30 v80	443782 80026-00	14 150 . 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		

STREET ADDRESS CITY-ST-ZIP me HAME . . STREET ABORESS

12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 5

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

IN THIS SPACE