## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 094 CUIMNEY DOCK DOAD

## P00000055228 **DOCUMENT #**

1. Entity Name

Principal Place of Business

RIGHT AWAY GROUP CORP.



**FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90104 022 \*\*\*150.00

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2. Principal Place of Business			3. Mailing Address									
2900 Glades Circle Suite, Apt. #, etc.			2900 Glades Circle Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
A250 Suite			Suite A250					4 FFI Number Applied For				
City & State			City & State				4. FE	El Number 65-1020334		<b>—</b> ——	t Applicable	
<u>Westor</u>	ston Florida			Weston, Flori				#0.7F				
Zip	Country			Zip Cour						<b>\$8.75</b> Add Fee Required		
33327	<u>/</u>	USA	33327			<del></del>	,					
6. Name and Address of Current Registered Agent Name										<u> </u>	-	
DUCINITOO	COLUTION	C CDOUD CODD				JOSE N. CORREA Street Address (P.O. Box Number is Not Acceptable)						
		S GROUP CORP.				Street Add	dress (P.	O. Bo	x Number is Not Acceptable)			
5440 STAT						833 Sa	vanr	nan	Falls Drive			
ft. Laude	RDALE FL	33319							<u> </u>			
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8. The above	named entity	submits this statement for	the purp	ose of changing its	s regis	tered office or re	egistered	d age	nt, or both, in the State of Flor	ida. I am i	familiar with,	and accept
inc obligati	2	27/11		-	~	1 6000	TO TAT		100	-03	- 12	}
SIGNATURE -	Signature, typed	or file egittered agent a	and title if app			ACCOUN			stating)	03- DATE	03_	
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12. I hereby of indicated	certify that th	e information supplied with rt or supplemental report is	n this filing s true and	g does not qualify fo d accurate and that	or the my sig	exemption state gnature shall ha	ed in Sec ave the sa	tion 1 ame l	119.07(3)(i), Florida Statutes. egal effect as if made under c	iurther ce ath; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR