

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081432

FILED
May 02, 2005
Secretary of State

Entity Name: THE ANCOUR GROUP, INC.

Current Principal Place of Business:

2100 WEST 76TH STREET STE 404
HIALEAH, FL 33016

New Principal Place of Business:

15507 NW 82 COURT
MAIMI LAKES, FL 33016

Current Mailing Address:

2100 WEST 76TH STREET STE 404
HIALEAH, FL 33016

New Mailing Address:

15507 NW 82 COURT
MIAMI LAKES, FL 33016

FEI Number: 65-1036990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, SUSANA ESQ
261 NAVARRE AVE #101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BETANCOURT, MAIDA
Address: 2100 WEST 76TH STREET STE 404
City-St-Zip: HIALEAH, FL 33016

Title: DVS () Delete
Name: BETANCOURT, TOMAS
Address: 2100 WEST 76TH STREET STE 404
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BETANCOURT, MAIDA
Address: 15507 NW 82 COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: DVS (X) Change () Addition
Name: BETANCOURT, TOMAS
Address: 15507 NW 82 COURT
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIDA BETANCOURT

DPT

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date