2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90121 007 ***158.75

DOCUMENT # P01000062909

1. Entity Name
EB GROUP, INC.

Principal Place of Business	Mailing Address
560 NW 165TH RD SUITE 300 MIAMI, FL 33169	1835 E HALLANDALE BLVD STE 452 HALLANDALE, FL 33009

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1380 N. Miami Gardens DR	PO Box 596643
Suite, Apt. #, etc. 165	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami, FL
Zip: 33179-4743 Country: USA	Zip: 33159-0643 Country: USA

4. FEI Number: 65-1135261 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M
C/O BAUMAN & KANNER P.A.
7119 W BROWARD BLVD
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS MATTO, JOSE F 540 NW 165TH RD MIAMI, FL 33169	☑ Delete	CDS TODD G. COLE 60 EDGEWATER DR STE 14E	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EPAILLAT, FEDERICO 540 NW 165 ST RD MIAMI, FL 33169	☑ Delete	PD WALDO MOREIRA 8253 NW FIFTH TERRACE MIAMI, FL 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Todd G. Cole 4-29-04 305 466 8136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #