

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2006
Secretary of State**

DOCUMENT# P01000065313

Entity Name: PICCININ GROUP, INC.

Current Principal Place of Business:

9431 FONTAINEBLEAU BLVD
202
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

9431 FONTAINEBLEAU BLVD
202
MIAMI, FL 33172

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABLOS, FIDEL A
9431 FONTAINEBLEAU BLVD
#202
MIAMI, FL 33172 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICCININ, SILVIA B
Address: 9431 FONTAINEBLEAU BLVD, # 202
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PICCININ, RICARDO H
Address: 9431 FONTAINEBLEAU BLVD, # 202
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PICCININ, KARINA
Address: 9431 FONTAINEBLEAU BLVD, # 202
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PICCININ, ESTEBAN R
Address: 9431 FONTAINEBLEAU BLVD, # 202
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: PABLOS, FIDEL A
Address: 9431 FONTAINEBLEAU BLVD, # 202
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PICINNIN SILVIA

PD

03/25/2006

Electronic Signature of Signing Officer or Director

_____ Date