


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90684 001 ***300.00

DOCUMENT # P01000075823		
1. Entity Name A II ASSOCIATES GROUP, INC.		

Principal Place of Business 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	Mailing Address 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175
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2. Principal Place of Business <i>1200 Brickell Ave.</i>	3. Mailing Address <i>1200 Brickell Ave.</i>
Suite, Apt. #, etc. <i>Suite 860</i>	Suite, Apt. #, etc. <i>Suite 860</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33131</i>	Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0471740	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVENUE SUITE 234 MIAMI, FL 33175	
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7. Name and Address of New Registered Agent	
Name <i>Peter m. Lopez, PA.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1200 Brickell Avenue</i>	
<i>Suite 860</i>	
City <i>Miami</i>	FL Zip Code <i>33131</i>

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 <i>4/6/06</i>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete D ALBANO, DOMENICO 540 BRICKELL KEY DRIVE, #1213 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BARBUZANO, JUAN DAMIAN 540 BRICKELL KEY DRIVE, #1213 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: <i>Juan Barbuza</i>	Director	Date <i>3/31/06</i>	Daytime Phone #
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