

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 039 ***150.00

DOCUMENT # P02000020320

1. Entity Name
CHOICE MANAGEMENT GROUP, INC.



Principal Place of Business
707 COCONUT PALM TERRACE
PLANTATION, FL 33324-8219

Mailing Address
2570 N UNIVERSITY DR
FORT LAUDERDALE, FL 33322

400000000



2. Principal Place of Business - No P.O. Box #

10423 HARRIER ST

Suite, Apt. #, etc.

3. Mailing Address

10423 HARRIER ST

Suite, Apt. #, etc.

01082008

Chg-P

CR2E034 (12/06)

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number
03-0406636

Applied For
Not Applicable

Zip
33324

Country
BRW

Zip
33324

Country
BRW

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADILLA, SEGUNDO R
2570 N UNIVERSITY DR
FORT LAUDERDALE, FL 33322

7. Name and Address of New Registered Agent

Name PADILLA SEGUNDO R

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

2570 N UNIVERSITY DR

City Sunrise

FL

Zip Code 33322

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
PADILLA, SEGUNDO R
707 COCONUT PALM TERR
FORT LAUDERDALE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2008 305-588-5933