

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90046 002 \*\*\*158.75

**DOCUMENT # P02000036703**

1. Entity Name

A & B GROUP, INC.



Principal Place of Business

1031 IVES DAIRY ROAD  
SUITE 128/228 OFFICE 223  
N MIAMI FL 33179

Mailing Address

20515 EAST COUNTRY CLUB DR  
APT 242  
AVENTURA FL 33180

J4000000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

20515 EAST COUNTRY CLUB DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 544

City & State

City & State

AVENTURA, FL

Zip

Country

Zip

Country

33180

U.S.A

4. FEI Number

42-1545838

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELENA, ANAYA M  
20515 EAST COUNTRY CLUB DRIVE  
APT 242  
AVENTURA FL 33180

Name

ANAYA, MARIA ELENA

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

20515 EAST COUNTRY CLUB DR - APT. 544

City

AVENTURA

FL

Zip Code

33180

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.

ANAYA, MARIA ELENA

VD / REGISTERED AGENT

4/19/04

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATTAFFARANO, CAROLINA A	
STREET ADDRESS	17011 NORTH BAY RD APT 510	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANAYA, MARIA ELENA	
STREET ADDRESS	20515 EAST COUNTRY CLUB DR APT 242	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANAYA, MARIA ELENA	
STREET ADDRESS	20515 EAST COUNTRY CLUB DR - APT. 544	
CITY-ST-ZIP	AVENTURA, FL - 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANAYA, MARIA ELENA

4/19/04

(305) 926-1936

DATE

Daytime Phone #