


FILED
Mar 10, 2005 8:00 am
Secretary of State

02-09-2005 90025 019 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000038596
 1. Entity Name
THE LIONS GROUP, INC.



Principal Place of Business 12229 SW 53 ST. 309 L COOPER CITY, FL 33330	Mailing Address 12229 SW 53 ST. 309 L COOPER CITY, FL 33330
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66004046



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0652603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEON, RAFAEL D
 12229 SW 53 ST.
 #309 L
 COOPER CITY, FL 33330

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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	PD LEON, RAFAEL D 12229 SW 53 ST. #309 L COOPER CITY, FL 33330
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 IN THIS SPACE**

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 reporting 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:  **Rafael D. Leon** 1/20/03 954-727-2877
 _____ Date Daytime Phone #
 Pres