## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 28, 2008 08:00 AM Secretary of State DOCUMENT # P02000038596 THE LIONS GROUP, INC. Principal Place of Business Mailing Address 12229 SW 53 ST. 12229 SW 53 ST. 309 L 309 L COOPER CITY, FL 33330 COOPER CITY, FL 33330 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. EEL Number 01-0652603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEON, RAFAEL D DO NOT WRITE 12229 SW 53 ST. #309 L IN THIS SPACE COOPER CITY, FL 33330 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 roinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LEON, RAFAEL D STREET ADDRESS 12229 SW 53 ST. #309 L CITY-ST-ZIP COOPER CITY, FL 33330 TITLE 01/31/08-80006-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 chapted or on an attachment with an address with all other like empowered.

**SIGNATURE** 

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Ribel DLeon

1/18/0X

709-6000 Oaytirne Phone