

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 14, 2009  
Secretary of State**

DOCUMENT# P02000038596

Entity Name: THE LIONS GROUP, INC.

**Current Principal Place of Business:**

12229 SW 53 ST.  
309 L  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12229 SW 53 ST.  
309 L  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 01-0652603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEON, RAFAEL D  
12229 SW 53 ST.  
#309 L  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEON, RAFAEL D  
Address: 12229 SW 53 ST. #309 L  
City-St-Zip: COOPER CITY, FL 33330

Title: VPD ( ) Delete  
Name: PADILLA-LEON, MARIA  
Address: 12229 SW 53 ST. #309 L  
City-St-Zip: COOPER CITY, FL 33330

Title: S ( ) Delete  
Name: LEON, HADELFA  
Address: 1831 NW 93 WAY  
City-St-Zip: PLANTATION, FL 33322 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEON, HADELFA  
Address: 12229 SW 53 ST. #309L  
City-St-Zip: COOPER CITY, FL 33330 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL D LEON

PD

05/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date