2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107755

Entity Name: FLASH GROUP SERVICE, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19255 NE 10 AVE APT 223 1215 N.E. 200 STREET N MIAMI BCH, FL 33179 N MIAMI BCH, FL 33179

Current Mailing Address: New Mailing Address:

19255 NE 10 AVE APT 223 1215 N.E. 200 STREET N MIAMI BCH, FL 33179 N MIAMI BCH, FL 33179

FEI Number: 02-0684130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PUEBLA, GUSTAVO O PUEBLA, GUSTAVO O 19255 NÉ 10 AVE APT 223 1215 N.E. 200 ST N MIAMI BCH, FL 33179 N MIAMI BCH, FL 33179 US

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: GUSTAVO O PUEBLA 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition PUEBLA, GUSTAVO O PUEBLA, GUSTAVO O Name: 19255 NE 10 AVE APT 223 1215 N.E. 200 STREET Address: Address: City-St-Zip: N MIAMI BCH, FL 33179 City-St-Zip: N MIAMI BCH, FL 33179

DV Title: DV (X) Change () Addition Title: () Delete

Name: DIAZ-CHUIT, SILVINA Name: DIAZ-CHUIT, SILVINA 19255 NE 10 AVE APT 223 1215 N.E. 200 STREET Address: Address: N MIAMI BCH, FL 33179 N MIAMI BCH, FL 33179 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition DTS

RESCALDANI, LEONARDO SOSA, MARCOS Name: Name: 17021 N BAY RD APT 107 1215 N.E. 200 STREET Address: Address: City-St-Zip: SUNNY ISLE BEACH, FL 33160 City-St-Zip: N MIAMI BCH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUSTAVO O PUEBLA DP 04/29/2005