1/4

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -6 PM 5:06

55041856

DOCUMENT # P02000108634

1. Entity Name
THE PROJECT GROUP INC

Principal Place of Business	Mailing Address
25 SE 2 AVE. #410 MIAMI FL 33131	25 SE 2 AVE. #410 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-1025416 — 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
VEGA, JOSE M 25 SE 2 AVE. #410 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERINOT, NORBERTO ALDO 25 SE 2 AVE. #410 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED DIRECTOR ✓ (305) 371-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* per Pat Bailey

Miami, Fl. October 9 2003

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I am answering your letter of September 29, 2003 informing that my corporation been ADMINISTRATIVE DISSOLVED.

I acknowledge that the check I send bounced due to me having to close my bank account BUT I NEVER RECEIVED THE LETTER OF INTENT TO DISSOLVE IN 60 DAYS FROM YOUR OFFICE AT ANY TIME.

Hence I protest and send you a MONEY ORDER for $ 165.00 asking you to reverse your decision since you did not inform me timely.

Sincerely,

Norberto A Perinot
President

Pat Bailey

03 DEPOSITS/PAYMENTS DETAIL SCREEN 10:15 AM

.OSIT NUMBER :	10/27/03 01031 005	DEPOSIT TYPE :	COR
ACCOUNT NUMBER :		DEPOSIT AMOUNT :	150.00
JSER ID :	BSIPPIO	DEPOSIT BALANCE:	0.00
DEBIT MEMO DATE:		VOID DATE :	
TRACKING NUMBER:	500024150945	DOCUMENT NUMBER:	P02000108634
REQUESTOR :	DM # 35249-K REPLACEMENT FEE	LEDGER DATE :	10/27/03
SUB ACCT NUMBER:			

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	51.25
ARARTS	ANNUAL REPORTS - ARTS	10.00
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

, 03 DEPOSITS/PAYMENTS DETAIL SCREEN 10:15 AM

.OSIT NUMBER :	10/27/03 01031 004	DEPOSIT TYPE :	COR
ACCOUNT NUMBER :		DEPOSIT AMOUNT :	15.00
JSER ID :	BSIPPIO	DEPOSIT BALANCE:	0.00
DEBIT MEMO DATE:		VOID DATE :	
TRACKING NUMBER:	500024150945	DOCUMENT NUMBER:	P02000108634
REQUESTOR :		LEDGER DATE :	10/27/03
SUB ACCT NUMBER:			

CATEGORY	DESCRIPTION	AMOUNT
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: