

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000129252

1. Entity Name  
B GROUP OF MIAMI, INC.



**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
6619 S. DIXIE HIGHWAY  
SUITE 256  
MIAMI, FL 33143

Mailing Address  
6619 S. DIXIE HIGHWAY  
SUITE 256  
MIAMI, FL 33143



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0430702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOFILL, PEDRO L  
6619 S. DIXIE HIGHWAY  
SUITE 256  
MIAMI, FL 33143

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$180.00**  
**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	P BOFILL, PEDRO L 11220 S.W. 67 AVE. MIAMI, FL 33156
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100000329127  
04/25/05-80105-013 150.00

**DO NOT WRITE 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 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 titles empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 05

305 6076711

Date

Daytime Phone #