

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010314

Entity Name: 4FOUR GROUP, INC.

FILED  
Apr 12, 2007  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 48-1297233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELTRAN, LUCIA  
2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BELTRAN, LUCIA  
Address: P O BOX 141454  
City-St-Zip: CORAL GABLES, FL 33114

Title: TD ( ) Delete  
Name: DEVOTO, ANDREA  
Address: 801 BRICKELL KEY BLVD. # 2305  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SOSA, JUAN J  
Address: CARLOS CALVO # 535  
City-St-Zip: BUENOS AIRES, ARGENTINA, XX XX XX

Title: STD (X) Change ( ) Addition  
Name: DEVOTO, ANDREA  
Address: 111 NW 24TH AVE  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREA DEVOTO

STD

04/12/2007

Electronic Signature of Signing Officer or Director

Date