

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010314

Entity Name: 4FOUR GROUP, INC.

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

3509 NE 2ND AVE.
MIAMI, FL 33137

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:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
1050
CORAL GABLES, FL 33134 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: P () Delete
Name: ALVAREZ, AZUL
Address: 44 MADEIRA AVE SUITE 1
City-St-Zip: MIAMI, FL 33134 XX

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARRAIZ, YOHNNY
Address: 3509 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137 XX

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

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: ANDREA DEVOTO

SD

09/15/2009

Electronic Signature of Signing Officer or Director

_____ Date