

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 040 ***150.00

DOCUMENT # P03000018601					
1. Entity Name OBJECTIVE GROUP, CORP.					
Principal Place of Business 225 NE 23 STREET 1301 MIAMI, FL 33137			Mailing Address 225 NE 23 STREET 1301 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 11521 SW 124 CT		3. Mailing Address 11521 SW 124 CT			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.		07252007 Chg-P CR2E034 (12/06)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 54-2096735	
Zip 33186		Country 33186		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CERON, FRANCISCO 225 NE 23 STREET 1301 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name: <u>Ceron, Francisco</u> Street Address (P.O. Box Number is Not Acceptable): <u>11521 SW 124 CT</u> City: <u>Miami</u> FL <u>33186</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME CERON, FRANCISCO	<input type="checkbox"/> Delete	TITLE President	NAME Ceron, Francisco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 225 NE 23 STREET STE 1301	MIAMI, FL 33137		STREET ADDRESS 11521 SW 124 CT	Miami, FL 33186	
CITY-ST-ZIP MIAMI, FL 33137	MIAMI, FL 33137		CITY-ST-ZIP 11521 SW 124 CT	Miami, FL 33186	
TITLE VD	NAME PAZ, VIVIANE	<input type="checkbox"/> Delete	TITLE Vice President	NAME Paz, Viviane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 225 NE 23 STREET STE 1301	MIAMI, FL 33137		STREET ADDRESS 11521 SW 124 CT	Miami, FL 33186	
CITY-ST-ZIP MIAMI, FL 33137	MIAMI, FL 33137		CITY-ST-ZIP 11521 SW 124 CT	Miami, FL 33186	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: <u>[Signature]</u> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: _____ Daytime Phone #: _____					