

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030510

FILED
Apr 20, 2011
Secretary of State

Entity Name: THE FOCCUS GROUP CORP.

Current Principal Place of Business:

5020 SOUTH BAYSHORE BOULEVARD
SUITE # 205
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

5020 SOUTH BAYSHORE BOULEVARD
SUITE # 205
TAMPA, FL 33611

New Mailing Address:

FEI Number: 56-2331890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIBBS, BEATRIZ G
5020 SOUTH BAYSHORE BOULEVARD
SUITE # 205
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GHILARDI, BEATRIZ H
5020 SOUTH BAYSHORE BOULEVARD
SUITE # 205
TAMPA, FL 33611 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: BEATRIZ HELENA GHILARDI

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GHILARDI, BEATRIZ H
Address: 5020 SOUTH BAYSHORE BOULEVARD, UNIT 205
City-St-Zip: TAMPA, FL 33611

Title: VP
Name: GHILARDI, ODONE
Address: RUA MARIA DA GLORIA MACHADO SANTANNA, 516
City-St-Zip: RIBEIRAO PRETO, SP 14096-270 BR

Title: D
Name: GHILARDI, MARIA HELENA C
Address: RUA MARIA DA GLORIA MACHADO SANTANNA, 516
City-St-Zip: RIBEIRAO PRETO, SP 14096-270 BR

Title: D
Name: MELISSA, FASANO G
Address: RUA MARIA LEONETTI DA SILVA NOBREGA, 136
City-St-Zip: SAO PAULO, SP 05454-010 BR

I hereby 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 all other like empowered.

SIGNATURE: BEATRIZ HELENA GHILARDI

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date