


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000045265

1. Entity Name
 EGUISON GROUP, INC.



Principal Place of Business
 150 ALHAMBRA CIRCLE STE 1150
 CORAL GABLES, FL 33134

Mailing Address
 150 ALHAMBRA CIRCLE STE 1150
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number
 80-0062644

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JORGE H. RAMOS, P.A.
 150 ALHAMBRA CIRCLE STE 1150
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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	DPS MARABOTTO, EDUARDO 150 ALHAMBRA CIRCLE STE 1150 CORAL GABLES, FL 33134
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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 of 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 like empowers.

SIGNATURE: EDUARDO MARABOTTO

 SIGNATURE AND TITLE OF PRINTED NAME OF PRINTED OFFICER OR DIRECTOR

Date: 3/28/05 (26) 456-9772
 Phone: _____