2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049287

GARCIA, LETICIA

8749 NW 148TH TERR.

MIAMI LAKES, FL 33018

Name:

Address:

City-St-Zip:

PROPERTY CONNECTIONS GROUP INC

FILED Mar 22, 2004 Secretary of State

Entity Na	Me: PROPER	TY CONNECTIONS GROUP,	INC.	
Current Principal Place of Business:			New Principal Place of Business:	
8749 NW 148TH TERR. MIAMI LAKES, FL 33018			3220 WEST 76TH PLACE HIALEAH, FL 33018	
Current Mailing Address:			New Mailing Address:	
8749 NW 148TH TERR. MIAMI LAKES, FL 33018			3220 WEST 76TH PLACE HIALEAH, FL 33018	
FEI Number	: 11-3687728	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	IAYRA 140TH ST., UN KES, FL 33016			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (GARCIA, GIRA 8749 NW 148T MIAMI LAKES,	H TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD (BERMUDEZ, L 8749 NW 148T MIAMI LAKES,	H TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (BELLO, MAYR 8749 NW 148T MIAMI LAKES,	H TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	TD () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LETICIA GARCIA TD 03/22/2004