

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049287

FILED
Feb 17, 2005
Secretary of State

Entity Name: PROPERTY CONNECTIONS GROUP, INC.

Current Principal Place of Business:

3220 WEST 76TH PLACE
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

3220 WEST 76TH PLACE
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 11-3687728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, MAYRA
8400 NW 140TH ST., UNIT 3305
MIAMI LAKES, FL 33016 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, GIRALDO
Address: 8749 NW 148TH TERR.
City-St-Zip: MIAMI LAKES, FL 33018

Title: VD () Delete
Name: BERMUDEZ, LIDIA R
Address: 8749 NW 148TH TERR.
City-St-Zip: MIAMI LAKES, FL 33018

Title: SD () Delete
Name: BELLO, MAYRA
Address: 8749 NW 148TH TERR.
City-St-Zip: MIAMI LAKES, FL 33018

Title: TD () Delete
Name: GARCIA, LETICIA
Address: 8749 NW 148TH TERR.
City-St-Zip: MIAMI LAKES, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: GIRALDO GARCIA

PD

02/17/2005

Electronic Signature of Signing Officer or Director

Date