

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90006 050 ***150.00


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TALLAHASSEE, FLORIDA
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0012005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000056011					
1. Entity Name THE OSTROFF GROUP, INC.					
Principal Place of Business 2901 CLINT MOORE RD SUITE 421 BOCA RATON, FL 33496			Mailing Address 2901 CLINT MOORE RD SUITE 421 BOCA RATON, FL 33496		
2. Principal Place of Business 6671 NW 26th way		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State		4. FEI Number 20-0035108	
Zip 33496	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSTROFF, MICHAEL 3738 OLD LIGHT HOUSE CIRCLES WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name MICHAEL OSTROFF Street Address (P.O. Box Number is Not Acceptable) 6671 NW 26th way City Boca Raton FL Zip Code 33496		
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 [Signature] MICHAEL OSTROFF DATE 6/06/05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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 NAME STREET ADDRESS CITY - ST - ZIP	DPST OSTROFF, MICHAEL 2901 CLINT MOORE RD #421 BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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 all other like empowered.					
SIGNATURE: [Signature] MICHAEL OSTROFF		Date 6/06/05		Daytime Phone # 561 7023916	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	