

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90011 042 \*\*\*150.00

**DOCUMENT # P03000067024**

1. Entity Name  
**THE ABSOLUTE GROUP INC.**



Principal Place of Business      Mailing Address  
**PO BOX 982552**      **PO BOX 982552**  
**MIAMI, FL 33197**      **MIAMI, FL 33197**

**54057559**



2. Principal Place of Business      3. Mailing Address  
**PO BOX 972552**      **PO BOX 972552**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

06092004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**MIAMI FL**      **MIAMI FL**

4. FEI Number      Applied For  
**030524337**      Not Applicable

Zip      Country      Zip      Country  
**33197 USA**      **33197 USA**

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

6. Name and Address of Current Registered Agent  
**NAVARRO, CARLOS M**  
**20121 SW 117 CT.**  
**MIAMI, FL 33177**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: Carlos M Navarro      [Signature]      6/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	NAVARRO, CARLOS M	
STREET ADDRESS	20121 SW 117 CT	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]      6/9/04      (786) 303-0366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #