2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000069307											
1. Entity Nam		S GROUP, INC.	AUG 1 7 2004				FILED				
		· · ·	Y:				04 OCT -4 PM 1:33				
Principal Plac	e of Business		Mailing Address			"					
6630 BISCA MIAMI FL 3			6630 BISCAYNE BLVD MIAMI FL 33138			TALL	RETARY OF ST AHASSEE, FL	ORIDA			
Principal Place of Business Amailing Address										ľ	
z. Principal P	race of Business		3. Mailing Address			_}	111 H (111 FA) 1779 T778 T			1	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				MOORE	CR2E034 (4	(04)		
City & State			City & State			\$ FEI Numb	1820J	5	Applied For Not Applied		
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired Sa.75 Addition Fee Required				
	6. Name and	Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
IKDI	E, NSIDIBE	DB		_Name							
663	O BISCAYNE MI FL 33138	BLVD			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 Signature typed or primited name of registered agent and title if applicable. V (NOTE: Registered Agent signature required when reinstating) DATE OF THE PROPERTY O											
FILE NOW!!! FEE IS \$550.00 S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.											
Make Checi	k Payable to Fk	OFFICERS AND	The second secon		ice. Fee to life is		ICHANOSO TO OFFI	OCDC AND DID	FOTO DO INI 44		
TITLE ~.	Ρ,	OFFICERS AND	Delete_	III.	Ε	ADDITIONS	/CHANGES TO OFFIC		Change		
NAME .	IKPE, NISIDIBE DR. NAME I ADDRESS 6630 BISCAYNE BLVD STREET										
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 331			EET ADDRESS - ST- ZIP					ĺ		
TUTLE	V		☐ Delete	ITU					Change	Idition	
NAME STREET ADDRESS	MOISE, RUDO 671 NW 119 S			EET AOORESS	DOPRESS				ſ		
CITY-ST-ZIP	N MIAMI FL 3			CITY	-ST-ZIP		IWIS				
NAME			☐ Defete	T:TL NAM	E	7	\		Change Ad	Adition	
CITY-\$1-ZIP					-ST-ZIP	<u></u>					
time			^ □ Delete	nn					Change Ad	dition	
NAME STREET ADDRESS	1			NAM Stri	EET ADDRESS					}	
CITY-ST-ZIP	ļ			-	-ST-ZIP			·			
TITLE NAME			☐ Delete	TATU Nam	- 1				Change 🔲 Ad	Joktion	
STREET ADDRESS CITY-ST-ZIP) 	****			ET ADORESS - ST-ZIP					}	
TITLE.		0.7. 57.	Delete		E	75.5 Zin			Change Ad	ldition	
STREET ADDRESS	1 74	<u>Obside Rich</u> Trijerah gapan William terdan	7,5500 787,7314 445 5 5083		EET ADDRESS		ا يا المحمود الراب	inserbuch. Investig	Albaniasi.	-52	
12. Thereby certify that the information supplied with this filling 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: OF SIGNANG OFFICER OR DIRECTOR Date Design Priore &											
					·						

9/23/2004-90002-011-\$550.00-\$550.00