2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State

DOCUMENT # P03000072254 1. Entity Name SPARKY'S GROUP, INC.						903-07-2008	0038 01	4 ***150.	.00
Principal Place of Business 316 MINNESOTA STREET HOLLYWOOD, FL 33019			Mailing Address 9337 NW 23RD STREET PEMBROKE PINES, FL 33024		7 - . . .	11 54 41111 4 6 14 68 18 6 88	I e tin alei o ki		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Number 57-1178			_ 	pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	it Registered Agent			7. Name and A	ddress of New R	egistered /	Agent	
	· 	<u> </u>		Name					
MARTIN, PATRICIA 9337 NW 23RD STREET PEMBROKE PINES, FL 33024			Street Address (P.O. Box Number is Not Acceptable)						
				City	<u> </u>		FL	Zip Cod	θ
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ages	and title it annimable. (SUVITI	S. Dagistara	d Agent signature require	d when refreshers)		DATE		
l									
FIL After Ma	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550	9. Election Campa	ign Finan	ncing \$5	.00 May Be ded to Fees				
FIL After Ma	E NOWIII FEE IS \$150.00	9. Election Campa Trust Fund Cont	ign Finan	ncing \$5	.00 May Be ded to Fees	HANGES TO OFF		DIRECTORS	S IN 11
After Ma	E NOW!!! FEE IS \$150.00 By 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont	ign Finar	ncing \$5	.00 May Be ded to Fees	HANGES TO OFF		DIRECTORS	S IN 11
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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: Laturia Martin PAtricia Martin PTD 2-29-08 954-680-8800 Bignature and typed or printed name of signing officer or director Date Date Dayser Phone 6