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Secretary of State
04-05-2004 90031 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000074053

1. Entity Name
DUSSAQ GROUP ENTERPRISES, INC.

44024180

Principal Place of Business	Mailing Address
~~3108 SW 143RD PLACE~~ ~~MIAMI, FL 33178~~	~~3108 SW 143RD PLACE~~ ~~MIAMI, FL 33178~~

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5900 NW 97th Avenue	PO Box 226888
Suite, Apt. #, etc. BAY #19.	Suite, Apt. #, etc.
City & State Miami, FL	City & State MIAMI, FL
Zip 33178 Country USA	Zip 33122 Country USA

4. FEI Number 87-0701553. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUSSAQ, MAURICE A III ~~3108 SW 143RD PLACE~~ ~~MIAMI, FL 33178~~	Name: DUSSAQ, MAURICE A. III Street Address (P.O. Box Number is Not Acceptable): 5900 NW 97th Avenue, BAY #19. City: Miami FL Zip Code: 33178

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: _____ MAURICE DUSSAQ 4/1/04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S DUSSAQ, MAURICE A III 3108 SW 143RD PLACE MIAMI, FL ~~33178~~	☐ Delete	☑ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP T ROMERO, ELENA M 3108 SW 143RD PLACE MIAMI, FL ~~33178~~	☐ Delete	☑ Change ☐ Addition	Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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: Elena M Dussaq (V.P.) ELENA M. DUSSAQ 04/01/04 (305)9871766.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #