

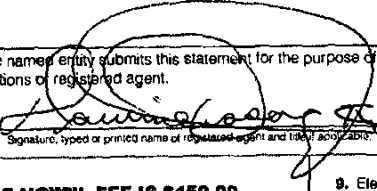
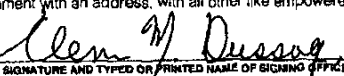
APR-01-2004 17:08

ROTH AND ROUSSO P.A. . .

FILED
Apr 05, 2004 8:00 am
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.			
Principal Place of Business 3108 SW 143RD PLACE MIAMI, FL 33178		Mailing Address 3108 SW 143RD PLACE MIAMI, FL 33178	
2. Principal Place of Business 5900 NW 97th Avenue		3. Mailing Address 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
5. Name and Address of Current Registered Agent DUSSAQ, MAURICE A III 3108 SW 143RD PLACE MIAMI, FL 33178		7. Name and Address of New Registered Agent 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 DATE 4/1/04 (NOTE: Registered Agent signature required when resigning)			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T ROMERO, ELENA M 3108 SW 143RD PLACE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 DATE 04/01/04 (305) 9871766 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

44024180



04012004 Chg-P CR2EQ34 (10/03)

4. FEI Number **87-0701553** Applied For ☐ Not Applicable ☒5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**Zip Code
33178

DATE

Daytime Phone #