


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000077794 1. Entity Name IVE GROUP ONE INC.	
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Principal Place of Business C/O GEOFFREY M. WAYNE, P.A. 1201 BRICKELL AVENUE, SUITE 220 MIAMI, FL 33131	Mailing Address C/O GEOFFREY M. WAYNE, P.A. 1201 BRICKELL AVENUE, SUITE 220 MIAMI, FL 33131
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0449848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WAYNE, GEOFFREY M 1201 BRICKELL AVENUE SUITE 220 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000250631
03/04/05-80020-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAIMO, CALOGERO 3900 NW 79TH AVE SUITE 529 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ-GALAN, FRANCISCO 3900 NW 79TH AVE, SUITE 529 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENLOLO, JUDAH L 3900 NW 79TH AVE, SUITE 529 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/05

Date

305-859-7848

Daytime Phone #