

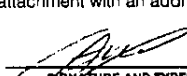


FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000077794				Apr 27, 2007 08:00 Secretary of State	
1. Entity Name IVE GROUP ONE INC.					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-0449848	
Zip		Country		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				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME ALAIMO, CALOGERO STREET ADDRESS 3900 NW 79TH AVE SUITE 529 CITY-ST-ZIP MIAMI, FL 33166			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 000000736960 05/11/07-80008-023 150.0		
TITLE S <input type="checkbox"/> Delete NAME FERNANDEZ-GALAN, FRANCISCO STREET ADDRESS 3900 NW 79TH AVE, SUITE 529 CITY-ST-ZIP MIAMI, FL 33166			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME BENLOLO, JUDAH L STREET ADDRESS 3900 NW 79TH AVE, SUITE 529 CITY-ST-ZIP MIAM, FL 33166			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  CALOGERO ALAIMO 04/14/07 3058597878 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					