2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086891

5176 NW 74TH MNR

COCONUT CREEK, FL 33073 US

Address:

City-St-Zip:

FILED Mar 04, 2008 Secretary of State

Entity Nan	ne: GRUPO	AIP, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5176 NW 7 COCONUT	'4TH MNR CREEK, FL	33073			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5176 NW 7 COCONUT	4TH MNR CREEK, FL	33073			
FEI Number:	51-0478316	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MONAHAN, ROARK R CPA 4000 PONCE DE LEON BLVD 470 # 5 CORAL GABLES, FL 33146 US			4000 PONĆE DE LEOI STE 470 # 13	MONAHAN, ROARK R CPA 4000 PONCE DE LEON BLVD STE 470 # 13 CORAL GABLES, FL 33146 US	
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ROARK	R MONAHAN		03/04/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PINA-GRAU, C 5176 NW 74TI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HELLER, PATI 5176 NW 74TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (HEILER, PATF) Delete NCE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CARLOS PIÑA PT 03/04/2008