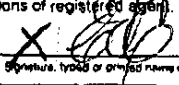


FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 024 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000088164			
1. Entity Name TV MALL GROUP CORP.			
Principal Place of Business 785 SW 8 TERR. FLORIDA CITY, FL 33034		Mailing Address 785 SW 8 TERR. FLORIDA CITY, FL 33034	
2. Principal Place of Business 1427 SARASOTA DR.		3. Mailing Address 1427 SARASOTA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee		City & State Kissimmee	
Zip 34759		Zip 34759	
Country OSCEOLA		Country OSCEOLA	
4. PEI Number 65-1212-708		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTES, ENZOR E R 785 SW 8 TERR. FLORIDA CITY, FL 33034		7. Name and Address of New Registered Agent Name ENZOR ROSA CORTES Street Address (P.O. Box Number is Not Acceptable) 1427 SARASOTA DRIVE City Kissimmee FL Zip Code 34759	
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 		DATE 7/16/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSA, ENZOR E 785 SW 8 TERR. FLORIDA CITY, FL 33034 ☐ 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
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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)(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: 		7/16/04 787-774-6255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

44050827



07162004 Chg-P CR2E034 (10/03)