
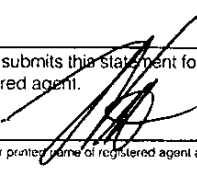
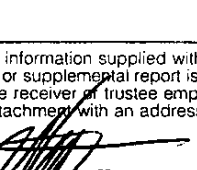


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90036 029 ***150.00

DOCUMENT # P03000099401					
1. Entity Name THE STRUCTURE GROUP, INC.					
Principal Place of Business 17689 NW 78 AVENUE HIALEAH FL 33015			Mailing Address 7490 MIAMI LAKES DR A-206 MIAMI LAKES FL 33014		
2. Principal Place of Business 17689 NW 78 AVE		3. Mailing Address 17800 NW 84 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FLORIDA		City & State HIALEAH FL.		4. FEI Number 31-2214359	
Zip 33015	Country U.S.A.	Zip 33015	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, MARILYS 309 EAST 41 STREET HIALEAH FL 33013			7. Name and Address of New Registered Agent Name WALTER ALVAREZ / MARILYS ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 17800 NW 84 COURT City HIALEAH FL 33015		
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 3-7-06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, MARILYS 309 EAST 41 STREET HIALEAH FL 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER ALVAREZ 17800 NW 84 CT. HIALEAH FL. 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.					
SIGNATURE: 				DATE 3-7-06 DAYTIME PHONE # 786-252-5377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					