2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099401

Address:

City-St-Zip:

17800 NW 84TH COURT

MIAMI, FL 33015

Entity Name: THE STRUCTURE GROUP, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17800 NW 84TH CT MIAMI, FL 33015 **Current Mailing Address: New Mailing Address:** 17800 NW 84TH CT MIAMI, FL 33015 FEI Number: 31-2214359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, MARILYS ALVAREZ, WALTER 17800 NW 84 CT 17800 NW 84 CT MIAMI, FL 33015 US US MIAMI, FL 33015 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. SIGNATURE: ALVAREZ WALTER 01/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GUERRA, MICHAEL ALVAREZ, WALTER I Name: Name: 17800 NW 84 CT 17800 NW 84 CT Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015 Title: VΡ Title: () Change () Addition (X) Delete ALVAREZ, WALTER Name: Name: 17800 NW 84TH COURT Address: Address: MIAMI, FL 33015 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition ALVAREZ, MARILYS Name: Name: 17800 NW 84TH COURT Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: (X) Delete Title: () Change () Addition MARTINEZ, ODALYS Name: Name:

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: WALTER ALVAREZ DP 01/20/2009