

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105990

FILED
Apr 29, 2007
Secretary of State

Entity Name: THE SUCCESSION GROUP, INC.

Current Principal Place of Business:

ONE ALHAMBRA PLAZA, SUITE 1410
CORAL GABLES, FL 33134

New Principal Place of Business:

2525 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134

Current Mailing Address:

ONE ALHAMBRA PLAZA, SUITE 1410
CORAL GABLES, FL 33134

New Mailing Address:

2525 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134

FEI Number: 20-0325867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HOLLANDER, PEGGY M
Address: ONE ALHAMBRA PLAZA, SUITE 1410
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: HOLLANDER, PEGGY M
Address: 2525 PONCE DE LEON BLVD SUITE 200
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: PEGGY M. HOLLANDER

PSD

04/29/2007

Electronic Signature of Signing Officer or Director

Date