2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT	<u></u>		ecretary of Sta
DOCUMENT # P03000127337 1. Entity Name				S	ecretary or Sta
D'CALIS	GROUP, INC.				
Principal Plac	ce of Business	Mailing Address			
4406 SW 18TH PL					
Offi L COMIL	, IL 33314	on E coluit, l'E 33314		 	.
:				03192008 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEt Number	Applied For
		भूगांकी विश्वास करते.		20-0332169	Not Applicable \$8.75 Additional
			r	5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent	-	en er en	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				DO NOT W	
4TH FLOOR				IN THIS SP	ACE
MIAMI, FL 33145			4"	·····································	
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
the obligat	tions of registered agent.			wally for a fact that	Note that the second specification
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. NOTE: Register		when reinstating) (Q =	TO HER TO HER TO HER THE TOTAL TO THE T
214 - 127421	E NOMBH FEE 10 6450 00	9. Election Campaign Fina	ncing \$5.	00 May Be	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	1		ed to Fees	
10.	OFFICERS AND DI	RECTORS			
TITLE NAME	PSDT DI PIERRI, GRACE		1, 1		
STREET ADDRESS CITY-ST-ZIP	4406 SW 18TH PL CAPE CORAL, FL 33914			Liconomic	360E30
TITLE	VP		- Contract	:0000008 3-804/09/08	363538 30054-004 150.00
NAME STREET ADORESS	ZALAZAR, CARLOS 4406 SW 18TH PL				·
CITY-ST-ZIP	CAPE CORAL, FL 33914			er in the state of	
TITLE NAME			Maria 1	the first training to be a second	
STREET ADDRESS			Ĭ	DO NOT W	RITE
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NAME				IN THIS SP	ACE
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CITY-ST-ZIP				المن المن المنظم المنظ	A STATE OF THE STA
TITLE	A CONTRACT OF STREET	and Complete in			
STREET ADDRESS		The Holds Band		· Part . · rul .	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #