


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127718		
1. Entity Name INFINITY HOLDINGS GROUP CORPORATION		

Principal Place of Business 4060 N. HILLS DR., #28 HOLLYWOOD, FL 33021	Mailing Address 4060 N. HILLS DR., #28 HOLLYWOOD, FL 33021
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2. Principal Place of Business 206 Lake Pointe Dr Suite, Apt. #, etc. 105	3. Mailing Address 206 Lake Pointe Dr. Suite, Apt. #, etc. 105
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City & State Ft. laud. FL.	City & State Ft. lauderdale FL.
Zip 33309	Zip 33309
Country	Country United States

6. Name and Address of Current Registered Agent ENBRICK INVESTMENT COMPANY 4060 N. HILLS DR., #28 HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Tashaana Caldwell 206 Lake Pointe Dr #105 Ft. lauderdale City Ft. lauderdale FL Zip Code 33309	
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: <u>Tashaana Caldwell</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, TASHAANA 206 LAKE POINTE DR., #105 FT. LAUDERDALE, FL 33309 <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	ST TELFER, RELDA 3510 NW 2ND ST. FT. LAUDERDALE, FL 33311 <input checked="" 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
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
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 exemption stated in Section 119.07(3)(i), 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: <u>Tashaana Caldwell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>(957) 587-3306</u> Daytime Phone #

FILED
04 MAY 20 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132004 Chg-P CR2E034 (10/03)

4. FEI Number 75-3141543	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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