


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000140936	
1. Entity Name IVE GROUP TWO INC.	

Principal Place of Business C/O GEOFFREY M. WAYNE, P.A. 1201 BRICKELL AVENUE #220 MIAMI, FL 33131-3207	Mailing Address C/O GEOFFREY M. WAYNE, P.A. 1201 BRICKELL AVENUE #220 MIAMI, FL 33131-3207
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0449983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WAYNE, GEOFFREY M 1201 BRICKELL AVENUE SUITE 220 MIAMI, FL 33131-3207

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000250738
03/04/05-80020-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAIMO, CALOGERO 3900 NW 79TH AVE SUITE 529 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ-GALAN, FRANCISCO 3900 NW 79TH AVE SUITE 529 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENLOLO, JUDAH L 3900 NW 79TH AVE SUITE 529 MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/05

305-859-7848

Date Daytime Phone #