

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000143695

1. Entity Name
IVE GROUP THREE INC.



Principal Place of Business
1201 BRICKELL AVE., SUITE 220
MIAMI, FL 33131-3207

Mailing Address
1201 BRICKELL AVE., SUITE 220
MIAMI, FL 33131-3207



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0446103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M
1201 BRICKELL AVE., 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

U000000250740
03/04/05-80020-024 150.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

305-859-7848

Daytime Phone #