

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 10:53

DOCUMENT # P03000145635 1. Entity Name ER. INTERNATIONAL GROUP INC.			
Principal Place of Business 10211 PINES BLVD PMB-114 PEMBROKE PINES, FL 33026		Mailing Address 10211 PINES BLVD PMB-114 PEMBROKE PINES, FL 33026	
2. Principal Place of Business - No P.O. Box # 5020 NW 79TH AVE		3. Mailing Address 5020 NW 79TH AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Doral, Florida		City & State Doral, Florida	
Zip 33166		Zip 33166	
Country USA		Country USA	
4. FEI Number 20-0498661		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 CARBALLO, EVA M 10211 PINES BLVD PMB-114 PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5020 NW 79TH AVE City Doral FL Zip Code 33166	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE Feb 21, 2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
400089282814 2/27/07--01001--027 **150.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, RAFAEL A 10211 PINES BLVD-PMB-114 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, EVA M 10211 PINES BLVD-PMB-114 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE Feb 21, 2007	