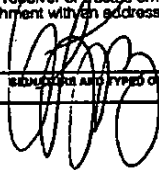


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90146 031 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                     |                                                                   |                                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000146302</b><br>1. Entity Name<br><b>FINA GROUP, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     |                                                                   |                                                                             |  |
| Principal Place of Business<br><b>2450 SW 137TH AVE., SUITE 234<br/>MIAMI, FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                     |                                                                   | Mailing Address<br><b>2450 SW 137TH AVE., SUITE 234<br/>MIAMI, FL 33175</b>                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 3. Mailing Address                                                                                                  |                                                                   |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suite, Apt. #, etc.                                                                                                 |                                                                   |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | City & State                                                                                                        |                                                                   |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                           | Zip                                                                                                                 | Country                                                           |                                                                                                                                                              |  |
| 4. FEI Number<br><b>84-1673191</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                     |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                     |                                                                   | <b>\$8.75 Additional Fee Required</b>                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOPEZ, PETER M ESQ.<br/>2450 SW 137TH AVE., SUITE 234<br/>MIAMI, FL 33175</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                     |                                                                   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number Is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     |                                                                   |                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |                                                                                                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOPEZ, PETER M                    | NAME                                                                                                                |                                                                   |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2450 SW 137TH AVE., SUITE 234     | STREET ADDRESS                                                                                                      |                                                                   |                                                                                                                                                              |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MIAMI, FL 33175                   | CITY - ST - ZIP                                                                                                     |                                                                   |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                   |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                   |                                                                                                                                                              |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | CITY - ST - ZIP                                                                                                     |                                                                   |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                   |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                   |                                                                                                                                                              |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | CITY - ST - ZIP                                                                                                     |                                                                   |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                   |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                   |                                                                                                                                                              |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | CITY - ST - ZIP                                                                                                     |                                                                   |                                                                                                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                   |                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                   |                                                                                                                                                              |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | CITY - ST - ZIP                                                                                                     |                                                                   |                                                                                                                                                              |  |
| 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. |                                   |                                                                                                                     |                                                                   |                                                                                                                                                              |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | Date <b>2/23/05</b> Daytime Phone # _____                                                                           |                                                                   |                                                                                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                     |                                                                   |                                                                                                                                                              |  |

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01072005 Chg-P CR2E034 (10/03)