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Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90019 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000018539

1. Entity Name
ASCENDI GROUP, INC.

Principal Place of Business	Mailing Address
7843 S.W. 161 PLACE MIAMI, FL 33193	7843 S.W. 161 PLACE MIAMI, FL 33193

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9010 S.W. 137 Avenue		9010 S.W. 137 Avenue	
Suite, Apt. #, etc. Suite #238		Suite, Apt. #, etc. Suite #238	
City & State Miami, FL		City & State Miami, FL	
Zip 33186	Country USA	Zip 33186	Country USA

4. FEI Number 20-0666942 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
City FL. 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 [signature], AVP Mark Schiff, AVP 1/5/05
(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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITTORIA, DAVID 7843 S.W. 161 PLACE MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Vittoria, David 9010 SW 137 Avenue, Suite #238 Miami, FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] David Vittoria 1/5/2005 800-558-4308, Ext. 801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/05/05 14:35:22 | (800) 558-4308 | MsgID: 40529

TOTAL P.02