

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030032

Entity Name: CHAIN GROUP CORPORATION

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

9300 NW 58TH STREET
SUITE 214
MIAMI, FL 33178

New Principal Place of Business:

5220 S UNOVERSITY DR
SUITE 107
DAVIE, FL 33328

Current Mailing Address:

9300 NW 58TH STREET
SUITE 214
MIAMI, FL 33178

New Mailing Address:

5220 S UNIVERSITY DR
SUITE 107
DAVIE, FL 33328

FEI Number: 20-0743499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, HECTOR J VPD
9300 NW 58 STREET
SUITE 214
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

ALCOCER, ANDRES A PD
5220 S UNIVERSITY DR
SUITE 107
DAVIE, FL 33328 US

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.

SIGNATURE: ANDRES ALCOCER

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CADENA, ROBERTO
Address: 9300 NW 58 STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

Title: VPSD () Delete
Name: ALCOCER, ANDRES
Address: 9300 NW 58 STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

Title: VPD () Delete
Name: HERNANDEZ, HECTOR
Address: 9300 NW 58 STREET, SUITE 214
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CADENA, ROBERTO
Address: 5220 S UNIVERSOTY DR, SUITE 107
City-St-Zip: DAVIE, FL 33328

Title: PD (X) Change () Addition
Name: ALCOCER, ANDRES
Address: 5220 S UNIVERSOTY DR, SUITE 107
City-St-Zip: DAVIE, FL 33328

Title: VPSD (X) Change () Addition
Name: HERNANDEZ, HECTOR
Address: 5220 S UNIVERSOTY DR, SUITE 107
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES ALCOCER

PD

04/07/2006

Electronic Signature of Signing Officer or Director

Date