


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 08:00 A
Secretary of State

DOCUMENT # P04000051788 1. Entity Name CLAS GROUP, INC.	
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Principal Place of Business 1925 BRICKELL AVE. #1605 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVE. #1605 MIAMI, FL 33129
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06262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1986793	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

**LOPEZ, CONRADO
1925 BRICKELL AVE. #1605
MIAMI, FL 33129**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE PD	LOPEZ, CONRADO
NAME	1925 BRICKELL AVE. #1605
STREET ADDRESS	MIAMI, FL 33129
CITY-ST-ZIP	
TITLE V	LOPEZ, ALEJANDRO
NAME	1925 BRICKELL AVE. #1605
STREET ADDRESS	MIAMI, FL 33129
CITY-ST-ZIP	
TITLE S	CALLARI, DINA
NAME	1925 BRICKELL AVE. #1605
STREET ADDRESS	MIAMI, FL 33129
CITY-ST-ZIP	
TITLE T	ALBERT, NIKOLAS T
NAME	1925 BRICKELL AVE. #1605
STREET ADDRESS	MIAMI, FL 33129
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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06/29/07-80001-007 150.00

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: X [Signature] Conrado Lopez 6/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #