## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State 05-01-2006 90446 006 \*\*\*150.00 **DOCUMENT # P04000092984** 1. Entity Name TREASURE GROUP, INC. Principal Place of Business Mailing Address 60031371 2788 S.W. 34TH COURT 2788 S.W. 34TH COURT MIAMI, FL 33133 MIAMI, FL 33133 2. Psincipal Blace of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/05) 03152006 4. FEI Number Applied For City & State 20-1338177 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TELLO, MAURICIO J 2788 S.W. 34TH COURT MIAMI, FL 33133 FL affice or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. ESIOSMI SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PSTD** Addition Delete Change TITLE TITLE TELLO, MAURIRIO J NAME NAME 2788 S.W. 34TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 emplowered 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 properties.

PRINTED NAME OF SIGNING OFFICER OR DI

**FILED** 

Daytime Phone #