



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000097785 1. Entity Name FINIS TERRAE GROUP INC.			FILED 06 JUN -6 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business 14854 S W 148 ST CIR MIAMI, FL 33196		Mailing Address 14854 S W 148 ST CIR MIAMI, FL 33196	
2. Principal Place of Business 12745 S. DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 12745 S. DIXIE HWY Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33156		Zip 33156	
Country USA		Country USA	
4. FEI Number 65-1229419		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESCANILLA, JAMIE CARLOS 14854 S W 148 ST CIR MIAMI, FL 33196 ADDRESS Change Only		7. Name and Address of New Registered Agent Name ESCANILLA, JAMIE CARLOS Street Address (P.O. Box Number is Not Acceptable) 12745 S. DIXIE HWY City MIAMI FL Zip Code 33156	
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: <i>J Escanilla</i> (NOTE: Registered Agent signature required when re-registering) DATE: 6/5/06			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCANILLA, JAMIE CARLOS 14854 S W 148 ST CIR MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ANGELA BENOIT 12745 S. DIXIE HWY MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCANILLA, MARIA A 14854 S W 148 ST CIR MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. JAMIE CARLOS ESCANILLA 12745 S. DIXIE HWY MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>J Escanilla</i> DATE: 6/5/06			