


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-18-2005 90064 036 ***150.00

03-29-2005 90023 047 ***150.00

| | |
|-----------------------------------|---|
| DOCUMENT # P04000159406 |  |
| 1. Entity Name 604 GROUP, INC. | |

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| Principal Place of Business 900 JACARANDE LANE #204 PLANTATION, FL 33324 | Mailing Address 900 JACARANDE LANE #204 PLANTATION, FL 33324 |
|--|--|

50031754



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| 2. Principal Place of Business 10 Venetian Way | 3. Mailing Address 10 Venetian Way |
| Suite, Apt. #, etc. # 804 | Suite, Apt. #, etc. # 804 |

02092005 Chg-P CR2E034 (10/03)

| | |
|---|---|
| City & State Miami Beach, Florida | City & State Miami Beach, Florida |
| Zip 33139 | Country US |
| Zip 33139 | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 20-2355192 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent NAVARRO, FRANK 10 VENETIAN WAY #804 MIAMI BEACH, FL 33139 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DE LA CUESTA, MAGGIE 900 JACARANDE LANE #204 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SVD Navarro, Frank 10 Venetian Way, Suite #804 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SVD NEGRON-MUNTANER, FRANCES 900 JACARANDE LANE #204 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank Navarro* **3-12-05** **305-343.4315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #