## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000020546

Entity Name: DES FINANCIAL GROUP, INC.

1100 SUNSET STRIP UNIT #7

SUNRISE, FL 33313

Address: City-St-Zip:

FILED May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1100 SUNSET STRIP UNIT #7 SUNRISE, FL 33313 **Current Mailing Address: New Mailing Address:** 1100 SUNSET STRIP UNIT #7 SUNRISE, FL 33313 FEI Number: 20-2372916 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAINT-SURIN, REGINE 4464 NW 65TH TERR. LAUDERHILL, FL 33319 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SAINT-SURIN, REGINE Name: Name: 4465 BW 65TH TERR. Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: ( ) Delete Title: VD Title: (X) Change ( ) Addition Name: EXAVUER, ANALOS Name: EXAVIER, ANALOS 4465 BW 65TH TERR. 4465 BW 65TH TERR Address: Address: LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition MAURICE, EXAVIER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MAURICE EXAVIER **PRES** 05/01/2006