2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036911

Entity Name: AMD GROUP INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6767 COLLINS AVE #1008 174 NW 2 AVE, #16 MIAMI BCH, FL 33141 HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

6767 COLLINS AVE #1008 3267 RIVIERA DR

MIAMI BCH, FL 33141 CORAL GABLES, FL 33134

FEI Number: 20-2524741 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:

MANTECON, ALEXIS
6767 COLLINS AVE #1008
MIAMI BCH, FL 33141 US
MANTECON, ALEXIS
3267 RIVIERA DR
CORAL GABLES, FL 33134 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: ALEXIS MANTECON 01/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MANTECON, ALEXIS MANTECON, ALEXIS Name: Name: 6767 COLLINS AVE #1008 3267 RIVIERA DR Address: Address: City-St-Zip: MIAMI BCH, FL 33141 City-St-Zip: CORAL GABLES, FL 33134

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 MANTECON, DIONYS
 Name:
 MANTECON, DIONYS

 Address:
 6767 COLLINS AVE #1008
 Address:
 3267 RIVIERA DR

City-St-Zip: MIAMI BCH, FL 33141 City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: ALEXIS MANTECON P 01/18/2006