FILED
May 17, 2007 8:00 am
Secretary of State
04-16-2007 90065 006 ****50.00
05-17-2007 90037 004 ***100.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000066948

1. Entity Name
SEMI CIRCLE GROUP CORP.

401155597

02202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
18206 COLLINS AVE SUNNY ISLES, FL 33160	18206 COLLINS AVE SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9577 Harding Ave.	9577 Harding Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside, Fl	City & State: Surfside, Fl
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number: 20-2942111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLEIZER, HERNAN 18206 COLLINS AVE SUNNY ISLES, FL 33160	Name: Gleizer, Hernan Street Address (P.O. Box Number is Not Acceptable): 9577 Harding Ave. City: Surfside FL Zip Code: 33154

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLEIZER, HERNAN 18206 COLLINS AVE SUNNY ISLES, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gleizer, Hernan 9577 Harding Ave Surfside, Fl 33154	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 4-12-07 305-865-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #