

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074982

FILED
May 11, 2006
Secretary of State

Entity Name: THE AMD GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

400 HERMITAGE DRIVE
PLANTATION, FL 33325

New Principal Place of Business:

PO BOX 551551
FT. LAUDERDALE, FL 33355

Current Mailing Address:

400 HERMITAGE DRIVE
PLANTATION, FL 33325

New Mailing Address:

PO BOX 551551
FT. LAUDERDALE, FL 33355

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUERRIER, GINA
400 HERMITAGE DRIVE
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

GUERRIER, GINA
PO BOX 551551
PLANTATION, FL 33355 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: GINA GUERRIER

05/11/2006

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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GUERRIER, GINA
Address: PO BOX 551551
City-St-Zip: PLANTATION, FL 33355

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: GINA GUERRIER

PRES

05/11/2006

Electronic Signature of Signing Officer or Director

Date