2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166370

Name:

Address: City-St-Zip: DORFMAN, LINDA G

SUNRISE, FL 33322 US

9641 SUNRISE LAKES BLVD. #209

FILED Apr 18, 2007 Secretary of State

Entity Nan	ne: GROUPS	SERVICE ORGANIZATION, IN	IC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2424 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431 US					
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
2424 N. FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431 US					
FEI Number:	20-3987777	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LEWIS, RON 2500 N. MILITARY TRAIL 465 BOCA RATON, FL 33431 US The above named entity submits this statement for the purpose on the State of Florida.			2500 N. MILITARY TR. 465 BOCA RATON, FL 33	BOCA RATON, FL 33431 US	
	roi Fiorida. RE: RON LEW	/IS FSQUIRF		04/18/2007	
	Electroni	c Signature of Registered Ag Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MOCK, DEBOR/ 1225 S. OCEAN DELRAY BEACH	BLVD. #206	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LACA, MIGUEL 1013 SE 5TH ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA DORFMAN S 04/18/2007