

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90185 035 ***150.00

DOCUMENT # P06000038363 1. Entity Name MYCOR GROUP, INC.			
Principal Place of Business 200 S BISCAYNE BLVD SUITE 15 A, DOWNTOWN ATHLETIC CLUB MIAMI, FL 33131		Mailing Address 200 S BISCAYNE BLVD SUITE 15 A, DOWNTOWN ATHLETIC CLUB MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 5804 Sunset Drive Suite, Apt. #, etc. Second Floor		3. Mailing Address 16620 S.W. 80TH AVE. Suite, Apt. #, etc.	
City & State South Miami		City & State Palmetto Bay FL.	
Zip 33143		Zip 33157	
Country		Country	
6. Name and Address of Current Registered Agent STOEHRFELDT, IRENE 16620 SW 80TH AVENUE PALMETTO BAY, FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD STOEHRFELDT, IRENE 16620 SW 80TH AVENUE PALMETTO BAY, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Irene Stoehrfeldt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04/24/2007</u> <u>(305)214-6052</u> <small>Date Daytime Phone #</small>	