## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P06000097  1. Entity Name MTS GROUP, CORP.	1621		04-28-2008 90406 044 ***150.00		
Principal Place of Business	Mailing Address		7000,00		
7951 SW 40TH ST., STE. 206 MIAMI, FL 33155	7951 SW 40TH ST., STE. 29 MIAMI, FL 33155	06			
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2. Principal Place of Business - No P.O. Box # 12066 SW 117th Ct	3. Mailing Address	SW 1174	]		
Suite, Apt. #, etc. → <b>~/A</b>	Suite, Apt. #, etc.		04072008 Chg-P CR2E034 (12/06)		
City & State	City & State MIAM	<i>C1</i>	4. FEI Number Applied Fo		
Zip Country		Country .	20-5204385   Not Applic	able	
33186 Country US	33186	US.	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current	Registered Agent	Name -	7: Name and Address of New Registered Agent		
DIAZ, OSVALDO J.		Name	Name		
7951 SW 40TH ST., STE. 206 MIAMI, FL 33155		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33133					
		City	FL Zip Code		
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.					
mar s					
SIGNATURE Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Reg	pistered Agent signature require	ed when reinstating) DATE		
### FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD	Delete	THLE	Change Ado	dition	
NAME DELGADO, FRANCISCO	• '	NAME			
STREET ADDRESS   7951 SW 40TH ST., STE. 206   CITY-ST-ZIP   MIAMI, FL 33155		STREET ADDRESS CITY-ST-ZIP			
TITLE VSD	☐ Delete	TITLE 6	アレく ナ ル X Change X dd	dition	
NAME DELGADO, FRANK		NAME NAME	elcaps, from		
STREET ADDRESS 7951 SW 40TH ST., STE. 206		STREET ADDRESS CITY-ST-ZIP	12066 SU 112 # CT		
CITY-ST-ZIP MIAMI, FL 33155	Delete	TITLE	12066 50 //7 1 CT 12066 50 //7 1 CT 12066 50 //7 1 CT		
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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 cath; 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 abdress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/08 -786-258-224