

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

04-14-2008 90046 037 ***150.00

DOCUMENT # P07000021051					
1. Entity Name THE PEPSOM GROUP, INC.					
Principal Place of Business 4141 NE 2ND AVENUE SUITE 101-J MIAMI, FL 33137 US			Mailing Address 4141 NE 2ND AVENUE SUITE 101-J MIAMI, FL 33137 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 77-0669938					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HAAG, MIYAKO 4141 NE 2ND AVENUE, SUITE 101-J MIAMI, FL 33137					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
PRES	BROWN, JOHN E III	4141 NE 2ND AVENUE SUITE 101-J	MIAMI, FL 33137	<input type="checkbox"/> Delete	
VP	HAAG, MIYAKO	4141 NE 2ND AVENUE SUITE 101-J	MIAMI, FL 33137	<input type="checkbox"/> Delete	
TREA	BROWN, JOHN E III	4141 NE 2ND AVENUE SUITE 101-J	MIAMI, FL 33137	<input type="checkbox"/> Delete	
SEC	HAAG, MIYAKO	4141 NE 2ND AVENUE SUITE 101-J	MIAMI, FL 33137	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 and all other like empowered.					
SIGNATURE: <i>John E. Brown III</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>4/11/08</i> Daytime Phone #					