

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90058 032 ***150.00

DOCUMENT # P07000082357					
1. Entity Name BUSINESS AFFAIRS GROUP, P.A.					
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-111 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE SUITE 51-111 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 4000 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 470		3. Mailing Address 4000 Ponce de Leon Blvd Suite, Apt. #, etc. Suite 470			
City & State Coral Gables, FL		City & State Coral Gables, FL		03192008 Chg-P CR2E034 (12/06)	
Zip 33146		Zip 33146		Country USA	
4. FEI Number 51-0643155				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BOVINO, JOSEPH F JR. 770 CLAUGHTON ISLAND DR PH20 MIAMI, FL 33131			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: <u>President</u> DATE: <u>3-19-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOVINO, JOSEPH F JR. 770 CLAUGHTON ISLAND DR, PH20 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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>Joseph Bovino</u>		Date: <u>3-19-08</u>		Daytime Phone #: <u>305-720-1016</u>	