2008 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 STREET ADDRESS CITY-ST-ZIP MIAMI STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	1. Entity Nam	MENT # P07000083 e ANCIAL GROUP, INC.	551			!	DIC DMI-3	o	
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DENICOLO, BRUND D 1818 STARLING AVE MIAMI SPRINGS, FL 33166 City FL Zip Code	Zip	Country	Zip		5. Certificate	of Status Desired	□ \$8.75 Ad	Iditional	
DENICOLO, BRUNO D 1381 STARIJING AVE MIAMI SPRINGS, FL 33166 City FL Zip Code	•	6. Name and Address of Current I			7. Name and	Address of New	Registered Agent		
City FL Zip Code 8. The above named entity flughting this state of the purpose of changing its registered office or registered agent, or both, in the State of Forder. I am familiar with, and accept the obligations of registered spent, or both, in the State of Forder. I am familiar with, and accept the obligations of registered spent, or both, in the State of Forder. I am familiar with, and accept the obligations of registered spent, or both, in the State of Forder. I am familiar with, and accept the obligations of registered spent, or both, in the State of Forder. I am familiar with, and accept the decidence of registered spent, or both, in the State of Forder. I am familiar with, and accept the decidence of registered agent, or both, in the State of Forder. I am familiar with, and accept the decidence of registered agent, or both, in the State of Forder. I am familiar with, and accept the decidence of the dec									
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SIGNATURE Signature, Mayor of primer name of implified and implified policiative. FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Comparign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE ALVAREZ, RAUL SIREH ADDRESS CITY-51-2P MIAMI, FL 33155 TITLE Delete TITLE MAKE SIREH ADDRESS CITY-51-2P MIAMI, FL 33133 TITLE MAKE SIREH ADDRESS CITY-51-2P TITLE MAKE SIREH ADDRESS	8. The above	named entity supplies this statement for	the purpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of F	;	, and accept	
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DAY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 11 ITILE ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 11 ITILE ADDITIONS/CHANGES TO OFFICE AND DIRECTORS TO OFFICE AND DIRE	_	x XUU all	ind title if applicable. (NOTE: Rec	gistered Agent signature	required when reinstating)	<u> </u>	08/28/08		
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 tour 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 of the sempowered 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.	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADORESS			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 of the same appears in Block 10 or Block 11 if changed, or on an attachment with any address/with all other like empowered. SIGNATURE:	TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	indicated of the cor changed,	on this report or supplemental report is poration or the receiver of tallstee empor or on an attachment with an address/v	this filing does not qualify for the true and accurate and that my si wered to execute this report as r oth all other like empowered.	e exemptions con ignature shall hav equired by Chapt	e the same legal effe er 607, Florida Statut	ct as if made under es; and that my nan	oath; that I am an office ne appears in Block 10 o	information r or director or Block 11 if	
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