


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 010 ***150.00

DOCUMENT # P07000125252 1. Entity Name THE ANASTASIA GROUP, INC					
Principal Place of Business 239 SOUTH BAY HARBOR DRIVE KEY LARGO, FL 33037			Mailing Address 239 SOUTH BAY HARBOR DRIVE KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 99611 Overseas Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 294			
City & State		City & State Key Largo FL			
Zip 33037	Country USA	4. FEI Number 26-1478008		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGADO, JUAN E -- 239 SOUTH BAY HARBOR DRIVE KEY LARGO, FL 33037			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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</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 DELGADO, JUAN E 239 SOUTH BAY HARBOR DR KEY LARGO, FL 33037 <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	SEC DELGADO, GAIL 239 SOUTH BAY HARBOR DR KEY LARGO, FL 33037 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4.7.08 Daytime Phone # 305 852 4046		