## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90083 025 \*\*\*150.00

1. Entity Name	MENT # P92000001 ERICAN GROUP, INC.	1197				02-07-200.	3 90003 023 1	30.00
Principal Place		Mailing Address						
407 LINCOLN RD 502		407 LINCOLN RD 502					5001077	7
MIAMI BEACH	, FL 33139 US	MIAMI BEACH, FL 331	39 U	S	 		 H 1840 801014888888888888888888	
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 59-2034		<del>  -   -  </del>	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	<b>!</b>		7. Name and	Address of New R	legistered Agent	
141 IDA 1 147	ALD BIONDO & MODENO D	Α.		Name				
	ALD, BIONDO & MORENO, P NHAM BLOG. QAIDA PAVE.	mbra Paza ables, Fl 33		Street Address (	P.O. Box Numbe	r is Not Acceptable	9)	
MIAMI; FL	-93431 PH LB			Ì				
	loral E	ables, H 33	134	City			FL Zip Coo	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or registe	red agent, or both	n, in the State of Flo	orida. I am familiar with	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registere	rd Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa .00 Trust Fund Con	~		.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE	D TODDES ANOTHE	☐ Delete	TITL	·			☐ Change	Addition
NAME STREET ADDRESS	TORRES, ANGEL E 407 LINCOLN RD., SUITE 502		NAM	EET ADORESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33139			-SI-ZIP				
TITLE	D	☐ Delete	TITL	.E			☐ Change	Addition
NAME	MUNOZ, GONGALO		NAM					
STREET ADORESS	407 LINCOLN RD., SUITE 502			EET ADORESS   /-ST-ZIP				
CITY-S1-ZIP	MIAMI BEACH, FL 33139		īπ				Change	Addition
TITLE NAME		☐ Delete	NAN	l l			orange	
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP		<u></u>		
TITLE		☐ Delete	TITE	l l			☐ Change	☐ Addition
NAME CYPTET ADODESS			NAM	ME LEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	TITT				☐ Change	☐ Addition
NAME			NAM	ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP	•			Addition
NAME		Delete	TITI	<b>I</b>			Change	Addition
STREET ADDRESS				NEET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
12 I hereby	certify that the information supplied wi	th this filing does not qualify f	or the ex	emption stated in S	ection 119 07(3)	i) Florida Statutes	I further certify that the	information

Increay certify mat the information supplied with rus liting goes not quality for the exemption stated in Section 119.07(3)(i). 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: Gryl Ell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #