2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# P93000045608

Entity Name: FOUR S GROUP, INC.

Current Principal Place of Business:

4621 PONCE DE LEON BLVD.
MIAMI, FL 33146 US

New Principal Place of Business:

4621 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146 US

Current Mailing Address:

4621 PONCE DE LEON BLVD.
MIAMI, FL 33146 US

New Mailing Address:

4621 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146 US

FEI Number: 65-0426662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDOBA, ANGEL
780 NW 42 AVE
S-416
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KFOURY, SIMONE E
Address: 4621 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: SRVP ( ) Delete
Name: SALLOUM, S
Address: 4621 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: VPO ( ) Delete
Name: HAMDAN, S
Address: 4621 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.E KFOURY PRES 07/05/2005

Electronic Signature of Signing Officer or Director Date