

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000044722

1. Entity Name  
1234 GROUP, INC.



Principal Place of Business  
523 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

Mailing Address  
523 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**  
APR 24 2006

0015



**DO NOT WRITE IN THIS SPACE**

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0498972

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRYD, JONATHAN  
523 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FRYD, JONATHAN
STREET ADDRESS	523 MICHIGAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	D
NAME	RESNICK, JAMES
STREET ADDRESS	523 MICHIGAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000532062  
05/06/06-80069-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #