

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90256 004 ***150.00

DOCUMENT # P94000047665 1. Entity Name GROUPE FINANCIAL, INC.																																																																																																																																																											
Principal Place of Business 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33133			Mailing Address 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33133																																																																																																																																																								
2. Principal Place of Business 18001 Old Cutler Road		3. Mailing Address same																																																																																																																																																									
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. 																																																																																																																																																									
City & State Miami, Florida		City & State 																																																																																																																																																									
Zip 33157		Country USA		4. FEI Number 65-0501009																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																									
6. Name and Address of Current Registered Agent SILVER, SCOTT A. 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road Suite 600 City Miami FL Zip Code 33157																																																																																																																																																								
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: 03/07/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 addressee with all other like empowered.																																																																																																																																																											
SIGNATURE: 03/07/06 (305) 377-8802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											