

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90461 028 ***150.00

DOCUMENT # P94000052153

1. Entity Name
ANALIA GROUP, INC.



Principal Place of Business
1110 BRICKELL AVE., #818
MIAMI, FL 33131 US

Mailing Address
1110 BRICKELL AVE., #818
MIAMI, FL 33131 US

00032147



2. Principal Place of Business
2520 SW 22 St

3. Mailing Address
2520 SW 22 St

Suite, Apt. #, etc.
2-040

Suite, Apt. #, etc.
2-040

04282006 Chg-P CR2E034 (11/05)

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0506607

Applied For
Not Applicable

Zip 33145 Country USA

Zip 33145 Country USA

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

6. Name and Address of Current Registered Agent

SIELE, ANALIA
2231 TIGER TAIL AVE
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name ANALIA SIELE
Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Ave #3104
City Miami FL Zip Code 33131

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

Analia Siele

4-28-06

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 P
NAME SIELE, ANALIA
STREET ADDRESS 2231 TIGER TAIL AVE
CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SIELE ANALIA
STREET ADDRESS 1395 Brickell Ave #3104
CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-28-06

Date

305-375-8444

Daytime Phone #