2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057407

1. Entity Name
THE MUNIZ GROUP, INC.

Principal Place of Business	Mailing Address
5130 NW 52 STREET COCONUT CREEK, FL 33073-4915 US	5130 NW 52 STREET COCONUT CREEK, FL 33073-4915 US

DO NOT WRITE IN THIS SPACE

01172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0512461	Not Applicable

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

6. Name and Address of Current Registered Agent

MUNIZ, ALBERT
5130 NW 52ND ST
COCONUT CREEK, FL 33073

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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	PRES
NAME	MUNIZ, ALBERT
STREET ADDRESS	5130 NW 52 STREET
CITY-ST-ZIP	COCONUT CREEK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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02/28/06-80075-024 150.00

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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: _Albert Muni_ Albert Muniz / President   2/15/06   954 428 8221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #