

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071787

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: THE HIGGINS GROUP CORP.

**Current Principal Place of Business:**

1313 PONCE DE LEON BLVD.  
STE. 201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1313 PONCE DE LEON BLVD.  
STE. 201  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0532788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREA, SUZANNE  
3198 NW 125 ST  
MIAMI, FL 33167      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: P      ( ) Delete  
Name: PEREA, IGNACIO SR  
Address: 1313 PONCE DE LEON BLVD. #201  
City-St-Zip: CORAL GABLES, FL 33134

Title: T      ( ) Delete  
Name: PEREA, MARIA T  
Address: 1313 PONCE DE LEON BLVD. #201  
City-St-Zip: CORAL GABLES, FL 33134

Title: S      ( ) Delete  
Name: PEREA, SUZANNE  
Address: 1313 PONCE DE LEON BLOVD. #201  
City-St-Zip: CORAL GALBES, FL 33134

**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 exemption stated 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 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: SUZANNE PEREA

S

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date