

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000084583

Entity Name: DE VARGAS GROUP, INC.

FILED
Mar 19, 2006
Secretary of State

Current Principal Place of Business:

4851 BOSTON TER
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

117 BRUNSWICK DR
TYRONE, GA 30290

New Mailing Address:

FEI Number: 65-0544296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, VICTOR M
4851 BOSTON TER
NORTH PORT, FL 34288 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: PD () Delete
Name: VARGAS, VICTOR M
Address: 176 STRAWBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD () Delete
Name: VARGAS, NELLY E
Address: 176 STRAWBERRY LANE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARGAS, VICTOR M
Address: 117 BRUNSWICK DR
City-St-Zip: TYRONE, GA 30290

Title: STD (X) Change () Addition
Name: VARGAS, NELLY E
Address: 117 BRUNSWICK DR
City-St-Zip: TYRONE, GA 30290

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR M VARGAS

PD

03/19/2006

Electronic Signature of Signing Officer or Director

Date