

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000025943

Entity Name: TCS GROUP, INC.

**FILED**  
**Oct 22, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

15712 SW 41ST STREET  
SUITE 11  
DAVIE, FL 33331

## **New Principal Place of Business:**

3922 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

15712 SW 41ST STREET  
SUITE 11  
DAVIE, FL 33331

## **New Mailing Address:**

3922 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33065

FEI Number: 65-0569291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANN & WOLF, LLP  
4300 N UNIVERSITY DR  
SUITE C-203  
SUNRISE, FL 33351 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

## **OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CYR, DANNY  
Address: 15712 SW 41 ST., S-11  
City-St-Zip: DAVIE, FL 33331

Title: VTD ( ) Delete  
Name: LEONHARDT, ERIK  
Address: 15712 SW 41 ST., S-11  
City-St-Zip: DAVIE, FL 33331

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: CYR, DANNY  
Address: 3922 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VTD (X) Change ( ) Addition  
Name: LEONHARDT, ERIK  
Address: 3922 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: DANNY CYR

PSD

10/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date