


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90195 001 ***150.00

DOCUMENT # P95000036574 1. Entity Name THE GAUNAURD GROUP, INC.					
Principal Place of Business 6000 N.W. 97 AVENUE SUITE 1000 26 DORAL, FL 33178 US			Mailing Address 6000 N.W. 97 AVENUE SUITE 1000 26 DORAL, FL 33178 US		
2. Principal Place of Business 6000 N.W. 97 AVE			3. Mailing Address 6000 N.W. 97 AVE		
Suite, Apt. #, etc. Unit 26			Suite, Apt. #, etc. Unit 26		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33178		Country USA		Zip 33178	
Country USA		4. FEI Number 65-0591860			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GAUNAURD, MANUEL A 1020 CORAL WAY CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name GAUNAURD, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 6000 N.W. 97 AVE Unit 26 City MIAMI FL 33178		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAUNAURD, MANUEL A 1020 CORAL WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAUNAURD, MANUEL A JR. 1020 CORAL WAY CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAUNAURD, MANUEL A III 8201 SW 94TH ST. MIAMI, FL 33158	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAUNAURD, ERIC F 8104 SW 91ST. AVE. MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

1/6/2006 (305) 446 3000