

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000036574

1. Entity Name
THE GAUNAURD GROUP, INC.



FILED

06 SEP 26 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202006 Chg-P CR2E034 (11/05)

Principal Place of Business 6000 N.W. 97 AVENUE UNIT 26 MIAMI, FL 33178 US	Mailing Address 6000 N.W. 97 AVENUE UNIT 26 MIAMI, FL 33178 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0591880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GAUNAURD, MANUEL A
6000 N.W. 97 AVE
UNIT 26
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name **SAT Registered Agents, LLC**
 Street Address (P.O. Box Number is Not Acceptable) **44 West Flagler Street, # 675**
 City **miami** FL Zip Code **33130**

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 *Stephan Taylor* (NOTE: Registered Agent signature required when re-registering) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAUNAURD, MANUEL A <input checked="" type="checkbox"/> Delete 6000 N.W. 97 AVE UNIT 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAUNAURD, MANUEL A JR. <input type="checkbox"/> Delete 6000 N.W. 97 AVE UNIT 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GAUNAURD, MANUEL A III <input checked="" type="checkbox"/> Delete 6000 N.W. 97 AVE UNIT 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAUNAURD, ERIC F <input type="checkbox"/> Delete 6000 N.W. 97 AVE UNIT 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAUL A. CORZO 6000 N.W. 97 AVE, Unit 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Manuel A. Gaunard, III 6000 N.W. 97 AVE, Unit 26 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080314085 09/29/06--01071--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Manuel A. Gaunard* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date _____ Daytime Phone # _____

K. Eckel SEP 27 2006