2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P95000081974

Entity Name: MODULAR GROUP, INC.

Current Principal Place of Business:

2580 N POWERLINE RD
STE 603
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

2826 CERTERPORT CIRCLE
POMPANO BEACH, FL 33064 US

Current Mailing Address:

2580 N POWERLINE RD
STE 603
POMPANO BEACH, FL 33069 US

New Mailing Address:

2826 CERTERPORT CIRCLE
STE 603
POMPANO BEACH, FL 33064 US

FEI Number: 65-0658532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVERDE, FELIPE A
3963 CRESCENT CREEK DR.
COCUNUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

LAVERDE, FELIPE A
2826 CERTERPORT CIRCLE
POMPANO BEACH, FL 33064 US

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: F. LAVERDE 05/02/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAVERDE, FELIPE A
Address: 3963 CRESCENT CREEK DR
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete
Name: LAVERDE, BERNARDO R JR
Address: 2926 DC COUNTRY CLUB BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PC ( ) Delete
Name: LAVERDE, BERNARDO P
Address: 610 EMERALD WAY WEST
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAVERDE, FELIPE A
Address: 610 EMERALD WAY WEST
City-St-Zip: DEERFIELD BEACH, FL 33442

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 for the exemption stated in Section 119.07(3)(i), 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: F. LAVERDE D 05/02/2005
Electronic Signature of Signing Officer or Director Date