

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT -6 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006528

1. Entity Name  
GROUPWIDE FLORIDA, INC.



Principal Place of Business  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131

Mailing Address  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0644394

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 VPAS  
NAME CACERES, RAMON  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE VT  
NAME CACERES, RAFAEL  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE VS  
NAME OLIVA, GIANNINA  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE V  
NAME CACERES, ANA I  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE V  
NAME CACERES, JUAN M  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVAS  
NAME CACERES, RAMON  
STREET ADDRESS 701 BRICKELL AVE., #3000  
CITY-ST-ZIP MIAMI, FLORIDA 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400041816384  
10/12/04--01041--004 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIANNINA OLIVA, Vice President

10/5/04

Date

305-591-2684

Daytime Phone #