

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 044 ***150.00

DOCUMENT # P96000013014

1. Entity Name

THE MISSION GROUP, INC.



Principal Place of Business

1835 EAST HALLANDALE BEACH BLVD.
SUITE 507
HALLANDALE BEACH, FL 33009 US

Mailing Address

1835 EAST HALLANDALE BEACH BLVD.
SUITE 507
HALLANDALE BEACH, FL 33009 US



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0675426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TSIMORTOS, PAUL N
1835 EAST HALLANDALE BEACH BLVD
SUITE 507
HALLANDALE BEACH, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

TSIMORTOS, PAUL N

STREET ADDRESS

1835 E. HALLANDALE BEACH BLVD. - STE. 507

CITY-ST-ZIP

HALLANDALE BEACH, FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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

Paul N. Tsimortos PAUL N. TSIMORTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2007
Date

(305) 674-1000
Daytime Phone #