2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000046843

1. Entity Name STATESIDE CAPITAL GROUP, INC.

Principal Place of Business

75 NE 6TH AVENUE

STE 103

DELRAY BEACH, FL 33483

Mailing Address

75 NE 6TH AVENUE

STE 103

DO NOT WRITE IN THIS SPACE

DELRAY BEACH, FL 33483

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90327 005 ***150.00



03152005

No Chg-P

CR2E034 (10/03)

4. FEI Number 58-2240636

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S 75 NE 6TH AVENUE **STE 103** DELRAY BEACH, FL 33483

SIGNATURE:

DO NOT WRITE IN THIS SPACE

561-218.9292

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 registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finantification.				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, NORMAN S 75 NE 6TH AVENUE #103 DELRAY BEACH, FL 33483					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RINDNER, JEROME 441 ROUTE 306 WESLEY HILLS, NY 10952					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall ha of the corporation or the receiver of trustee empowered to execute this report as required by Charchanged, or on an attachment with an address, with all other like empowered.						

NAME OF SIGNING OFFICER OR DIRECTOR