2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90019 038 ***150.00

DOCUMENT # P96000050256

1. Entity Name

THE SNAY GROUP, INC.

Principal Place of Business	Mailing Address
621 ALCAZAR CORAL GABLES FL 33134 US	621 ALCAZAR CORAL GABLES FL 33134 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
UNITED WAY ANSIN BLDG.	
Suite, Apt. #, etc. 3250 SW 3 AVENUE, 2nd FLR.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33129 Country USA	Zip Country

4. FEI Number 65-0681015 ☐ 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
BILSKER, STANLEY E CPA 11420 N. KENDALL DR., SUITE 203 MIAMI FL 33176	Name Ronald E. Rubin CPA Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD SUITE 901 City MIAMI FL Zip Code 33156

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 RONALD E. RUBIN C.P.A [signature] 2/2/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SNAY, BENTONNE S		NAME	
STREET ADDRESS	621 ALCAZAR		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SNAY, BENTONNE S		NAME	
STREET ADDRESS	621 ALCAZAR		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 like empowered.

SIGNATURE: [signature], Bentonne Snay 3/2/04 305 646 7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #