


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90506 022 ***150.00

DOCUMENT # P97000028142			
1. Entity Name THE KINETIC GROUP, INC.			
Principal Place of Business 5890 SW 82 ST MIAMI, FL 33143 US		Mailing Address 6619 S DIXIE HWY 326 MIAMI BEACH, FL 33139 33143	
2. Principal Place of Business		3. Mailing Address 6619 S. Dixie Hwy. #326	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33143	USA	33143	USA
6. Name and Address of Current Registered Agent CADENAS, MARIA I 1390 S DIXIE HWY #2108 MIAMI, FL 33146		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

40077129



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0738778

Applied For
Not Applicable

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SUAREZ MARILL, JOSE E 6619 S DIXIE HWY #326 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CADENAS, MARIA J 6619 S DIXIE HWY #326 MIAMI SHORES, FL 33148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	YPT CADENAS, MARIA J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6619 S. DIXIE HWY, # 326 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CADENAS, MARIA I 6619 S DIXIE HWY #326 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **JOSE E. SUAREZ-MARILL, V.P.** **4/28/05** (305) 665-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #