2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000031649

1. Entity Name
FIVE GROUP CORP.

Principal Place of Business	Mailing Address
720 S.W. 2ND AVENUE MIAMI, FL 33130	720 S.W. 2ND AVENUE MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0759409

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLARES, JOSE
2940 S. MIAMI AVE.
MIAMI, FL 33129

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLARES, JOSE
STREET ADDRESS	2940 S. MIAMI AVE.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	TD
NAME	ALEGRIA, MANUEL
STREET ADDRESS	6090 WEST 18 AVENUE #335
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VD
NAME	MORENO, ANTONIO
STREET ADDRESS	3631 S.W. 132 CT.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD
NAME	FOLGUEIRA, BASILO J
STREET ADDRESS	745 BENEVEUTO AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	ATIENZA, EDUARDO
STREET ADDRESS	9240 S.W. 64TH ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80040-012 150.00

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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: Antonio Moreno ANTONIO MORENO 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #