


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000031649 1. Entity Name FIVE GROUP CORP.	
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Principal Place of Business 720 S.W. 2ND AVENUE MIAMI, FL 33130	Mailing Address 720 S.W. 2ND AVENUE MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0759409	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLARES, JOSE 2940 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEGRIA, MANUEL 6090 WEST 18 AVENUE #335 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, ANTONIO 3631 S.W. 132 CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLGUEIRA, BASILO J 745 BENEVEUTO AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATIENZA, EDUARDO 9240 S.W. 64TH ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80042-021 158.75

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: Manuel Alegria **4/10/08** **305-856-1788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #