

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000034068 1. Entity Name C.I.S. GROUP CORPORATION					
Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0755842			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			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: _____ (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, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GUILHERME RAMALHO DA SILVA 520 BRICKELL KEY DR, SUITE 0-305 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANDRADE, MARCIA 520 BRICKELL KEY DR, SUITE 0-305 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <u>Marcia Andrade</u> Marcia Andrade <u>3/22/06</u> <u>(954) 149-5338</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					