

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90734 028 \*\*\*150.00

<b>DOCUMENT # P97000048784</b> 1. Entity Name <b>EASY EASY GROUP INC.</b>			
Principal Place of Business <b>15155 MICHELANGELO BLVD</b> <b>206</b> <b>DELRAY BEACH, FL 33446</b>		Mailing Address <b>15155 MICHELANGELO BLVD</b> <b>206</b> <b>DELRAY BEACH, FL 33446</b>	
2. Principal Place of Business <b>1273 OLYMPIC CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1273 OLYMPIC CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>GREENACRES, FL</b>		City & State <b>GREENACRES, FL</b>	
Zip <b>33413</b>	Country	Zip <b>33413</b>	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>PARIS, RAY</b> <b>15155 MICHELANGELO BLVD</b> <b>STE 206</b> <b>DELRAY BEACH, FL 33446</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>PARIS, RAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1273 OLYMPIC CIRCLE</b> City <b>GREENACRES FL</b> Zip Code <b>33413</b>	
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: <u><i>Ray Paris</i></u> <b>RAY PARIS</b> <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS PARIS, RAY 15155 MICHELANGELO BLVD STE 206 DELRAY BCH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS PARIS, RAY 1273 OLYMPIC CIRCLE GREENACRES, FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORTEZAI, RASSOL 9270 VEDRA POINT LANE BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMON, MIKE 225 RD #2 APT #1304 GUAYNABO, PUERTO RICO, 00966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <u><i>Ray Paris</i></u> <b>RAY PARIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/30/04</u> <b>(561) 684-3030</b> <small>Date Daytime Phone #</small>	