

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000086731

1. Entity Name
GROUP SIX CORP.



Principal Place of Business
**720 SW 2ND AVE
MIAMI, FL 33130**

Mailing Address
**720 SW 2ND AVE
MIAMI, FL 33130**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0789529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLARES, JOSE
720 SW 2ND AVE
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000252326
03/05/05-80023-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLARES, JSOE 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	VD MORENO, ANTONIO 3831 S.W. 132 CT. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATIENZA, EDUARDO 9240 SW 64 STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOLGUEIRA, BASILIO J. 745 BENEUNTO AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Antonio Moreno* **ANTONIO MORENO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 854-2625