

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 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

DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD 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	VD MORENO, ANTONIO 3631 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 BENEVENTO AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000518057
05/01/06-80069-017 150.00

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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**

4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #