

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90325 047 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

Chg-P

CR2E034 (12/06)

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**

## 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLARES, JOSE	
STREET ADDRESS	2940 S MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALEGRIA, MANUEL	
STREET ADDRESS	6090 WEST 18 AVENUE #335	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORENO, ANTONIO	
STREET ADDRESS	3631 S.W. 132 CT.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATIENZA, EDUARDO	
STREET ADDRESS	9240 SW 64 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOLGUEIRA, BASILIO J.	
STREET ADDRESS	745 BENEUNTO AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLARES, JOSE	
STREET ADDRESS	2940 S MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, ANTONIO	
STREET ADDRESS	3631 SW 132 CT.	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

APRIL 12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #