

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90112 018 ***158.75

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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**

400800003



04032008 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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SOLARES, JOSE
STREET ADDRESS	2940 S MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	TD
NAME	ALEGRIA, MANUEL
STREET ADDRESS	6090 WEST 18 AVENUE #335
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	MORENO, ANTONIO
STREET ADDRESS	3631 S.W. 132 CT.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD
NAME	ATIENZA, EDUARDO
STREET ADDRESS	9240 SW 64 STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	FOLGUEIRA, BASILIO J.
STREET ADDRESS	745 BENEUNTO AVE.
CITY-ST-ZIP	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date

305-856-1788
Daytime Phone #