

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000094552 1. Entity Name S & C ASSOCIATES GROUP, CORP.			FILED 06 AUG 15 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1647 SW 32 AVE. MIAMI, FL 33145		Mailing Address 1647 SW 32 AVE. MIAMI, FL 33145	
2. Principal Place of Business 3779 SW 135 AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3779 SW 135 AVE <small>Suite, Apt. #, etc.</small>	
City & State Miami, FL		City & State Miami, FL	
Zip 33175		Zip 33175	
Country USA		Country USA	
4. FEI Number 20-5368732		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROJAS, CARLOS 1647 SW 32 AVE. MIAMI, FL 33145		7. Name and Address of New Registered Agent Name GUSTAVO ROJAS Street Address (B.O. Box Number is Not Acceptable) 6997 W. 29th Ave #106 City Hialeah FL Zip Code 33018	
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>Gustavo Rojas</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROJAS, CARLOS <input checked="" type="checkbox"/> Delete	STREET ADDRESS 1647 SW 32 AVE. CITY-ST-ZIP MIAMI, FL 33145	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GUSTAVO ROJAS STREET ADDRESS 6997 W. 29th Ave #106 CITY-ST-ZIP Hialeah, FL 33018	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joel Suarez STREET ADDRESS 10500 SW 91 AVE FL 33176 CITY-ST-ZIP MIAMI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Gustavo Rojas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	