

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000064211 1. Entity Name FLORIDA HOLDING GROUP, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 04 JUN -3 PM 2:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 814 PONCE DE LEON, SUITE 501 CORAL GABLES, FL 33134		Mailing Address 199 SW 12TH AVENUE SUITE 11 MIAMI, FL 33031-1056			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0851980		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OYARCE, JORGE E 199 SW 12TH AVENUE SUITE 11 MIAMI, FL 33013-1056			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE 05-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PV PEREZ, MARTHA E <input checked="" type="checkbox"/> Delete 11770 W. GOLF DRIVE, #5-102 MIAMI, FL 33167		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/IS/D Artstides J. Gomez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 814 Ponce de Leon Blvd / ste 501 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete NAVARRO, CECILIA M 814 PONCE DE LEON BLVD., #501 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200037798482 06/09/04--01029--029 **\$600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HECTOR, GONZALO 814 PONCE DE LEON BLVD., #501 CORAL GABLES, FL 33134		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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05-28-04 <small>Date Days/Time Phone #</small>		