

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095313

Entity Name: VARIANT GROUP, INC.

FILED  
Aug 30, 2004  
Secretary of State

**Current Principal Place of Business:**

7836 KINGSMILL COURT  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7836 KINGSMILL COURT  
JACKSONVILLE, FL 32256

**New Mailing Address:**

PO BOX 16035  
JACKSONVILLE, FL 32245

FEI Number: 59-3544058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISLETA, PAULINE  
7836 KINGSMILL CT.  
JAX, FL 32256

**Name and Address of New Registered Agent:**

ISLETA, PAULINE  
PO BOX 16035  
JAX, FL 32245

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

08/30/2004

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ISLETA, PAULINE M  
Address: 7836 KINGSMILL COURT  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: ISLETA, PAULINE M  
Address: PO BOX 16035  
City-St-Zip: JACKSONVILLE, FL 32245

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE M ISLETA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSTD

08/30/2004

\_\_\_\_\_  
Date