


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90049 035 \*\*\*158.75

<b>DOCUMENT # P99000065476</b>	
1. Entity Name <b>FSD GROUP INC</b>	

Principal Place of Business <b>8290 NW 25 STREET MIAMI, FL 33122</b>	Mailing Address <b>8290 NW 25 STREET MIAMI, FL 33122</b>
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**94022466**



2. Principal Place of Business	3. Mailing Address <b>Ivan A. Gomez, P.A.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>601 Brickell Key Drive #507</b>
City & State	City & State <b>Miami, Florida</b>
Zip	Country
<b>33131</b>	<b>Miami-Dade</b>

02112004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0937274</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <b>XXX</b>	<b>\$8.75</b> Additional Fee Required
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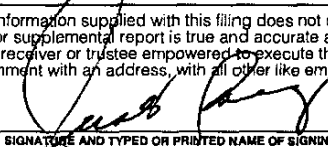
6. Name and Address of Current Registered Agent	
<b>SAEZ, JORGE 8290 NW 25 STREET MIAMI, FL 33122</b>	

7. Name and Address of New Registered Agent	
Name <b>IAG CORPORATE SERVICES, INC.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>601 Brickell Key Drive</b>	
Suite #507	
City <b>Miami</b>	Zip Code <b>FL 33131</b>

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.	
<b>IAG CORPORATE SERVICES, INC.</b>	
By: <b>Ivan A. Gomez, President</b>	<b>2/11/04</b>
SIGNATURE	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAEZ, PEDRO J 2520 SW 115 AVE MIAMI, FL 33165 <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	DS SAEZ, CONSUELO 2520 SW 115 AVE MIAMI, FL 33165 <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	DVP SAEZ, JORGE 2520 SW 115 AVE MIAMI, FL 33165 <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
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: 	<b>02/25/04</b> <b>305 592 2330</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Pedro J. Saez, President

(305)371-9213