2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90039 013 ***158.75

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1. Entity Name
FSD GROUP INC

40004788

Principal Place of Business	Mailing Address
8290 NW 25 STREET MIAMI, FL 33122	IVAN A GOMEZ, P.A. 601 BRICKELL KEY DR., #507 MIAMI, FL 33131

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0937274
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SVCS, INC.
601 BRICKELL KEY DR.
STE. 507
MIAMI, FL 33131

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAEZ, PEDRO J
STREET ADDRESS	2520 SW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DS
NAME	SAEZ, CONSUELO
STREET ADDRESS	2520 SW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DVP
NAME	SAEZ, JORGE
STREET ADDRESS	~~2520 SW 115 AVE~~ 6790 SW 104 CT
CITY-ST-ZIP	MIAMI, FL ~~33165~~ 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pedro Justo Saez, President 01/18/05 (305) 371 9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #