

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006909

Entity Name: E1R1B1 GROUP, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

700 NW 175TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

700 NW 175TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-5018254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FAIRWEATHER, NEWTON
20240 NW 3RD AVE
MIAMI, FL 33169 US

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

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAIRWEATHER, NEWTON
Address: 20240 NW 3RD AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: HEPBURN, JR., I.W.
Address: 2440 PINE TREE DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: WITHERSPOON, CORY
Address: 4301 ADAMS ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SWAIN, JEFFREY
Address: 850 NW 203 ST.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MCNEALY, ELANA
Address: 9001 S. LAKE
City-St-Zip: MIRAMAR CIRCLE, FL 33025

Title: D () Delete
Name: DIMITRIOU, ALICIA
Address: 10435 SW 22ND ST.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEWTON FAIRWEATHER

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date