

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051428

FILED
May 04, 2006
Secretary of State

Entity Name: TOP CONSULTING GROUP, INC.

Current Principal Place of Business:

18855 SW 29TH STREET
MIRAMAR, FL 330292412

New Principal Place of Business:

Current Mailing Address:

18855 SW 29TH STREET
MIRAMAR, FL 330292412

New Mailing Address:

FEI Number: 20-1679012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ALFONSO
18855 SW 29TH STREET
MIRAMAR, FL 330292412 US

Name and Address of New Registered Agent:

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

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: P () Delete
Name: TAYLOR, ALFONSO
Address: 18855 SW 29TH STREET
City-St-Zip: MIRAMAR, FL 330292412

Title: V () Delete
Name: RIVEROS, XIMENA
Address: 18855 SW 29TH STREET
City-St-Zip: MIRAMAR, FL 330292412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO TAYLOR

P

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date