


FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90087 008 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000081233

1. Entity Name
GENERAL CONSULTING GROUP, INC.



Principal Place of Business 13100 SW 92 AVE SUITE C-404 MIAMI FL 33176	Mailing Address 13100 SW 92 AVE SUITE C-404 MIAMI FL 33176
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2. Principal Place of Business 455 Woodcrest Road	3. Mailing Address 260 CAMDEN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 32 #154

CHECK HERE IF MAKING CHANGES

City & State Key Biscayne - FL.	City & State Key Biscayne - FL.	4. FEI Number 82-055-8007	Applied For Not Applicable
Zip 33149	Country	Zip 33149	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VALENTIN, PEDRO J
 13100 SW 92 AVE.
 SUITE C-404
 MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
UMAÑA, JOSE RODRIGO

Street Address (P.O. Box Number is Not Acceptable)
455 Woodcrest Road

City
Key Biscayne FL Zip Code
33149

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]* DATE: **04/18/03**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE PRE	<input checked="" type="checkbox"/> Delete
NAME VALENTIN, PEDRO J	
STREET ADDRESS 13100 SW 92 AVE. SUITE C-404	
CITY-ST-ZIP MIAMI, FL 33176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UMAÑA, JOSE RODRIGO	
STREET ADDRESS 455 Woodcrest Road	
CITY-ST-ZIP Key Biscayne Fl. 33149	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 455 Woodcrest Road	
CITY-ST-ZIP Key Biscayne, Fl. 33149	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE: **04/18/03** DAYTIME PHONE #: **(305) 365 0964**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)