2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2004 08:00 AM DOCUMENT # P02000102662 **Secretary of State** 1. Entity Name BUSY CONSULTING, INC. Principal Place of Business Mailing Address C/O NICOLAS FERNANDEZ PA C/O NICOLAS FERNANDEZ PA 780 NW LEJEUNE ROAD SUITE 324 780 NW LEJEUNE ROAD SUITE 324 MIAMI, FL 33126 MIAMI, FL 33126 DO NOT WRITE IN THIS SPACE No Chg-P CR2E034 (10/03) 01192004 Applied For 4. FEI Number 41-2061284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. DO NOT WRITE 780 NW LEJEUNE ROAD SUITE 324 MIAMI, FL 33126 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE IGLESIAS, RAFAEL NAME STREET ADDRESS 780 N.W. LE JEUNE RD., #324 MIAMI, FL 33126 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR