


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 018 ***150.00

DOCUMENT # **PO2000105010**
1. Entity Name
Consistent Enterprises, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14830 SW 153 Terr.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 836011
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami, Florida** City & State **Miami FL** 4. FEI Number **90-0061770** Applied For
Not Applicable

Zip **33187** Country **USA** Zip **33283** Country
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **MARCOS ARGUELLES**
Street Address (P.O. Box Number is Not Acceptable)
14830 SW 158 Terr
City **Miami** FL Zip Code **33187**

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P	TITLE	
NAME	Marcos Arguelles	NAME	
STREET ADDRESS	14830 SW 153 Terr	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33187	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementing 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 on an attachment with an address, with all other like empowers.

SIGNATURE:  **President** **4/30/03** **(305) 219-5489**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)