

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000116447 1. Entity Name NACTAC CONSULTANTS, INC.	
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Principal Place of Business 1800 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	Mailing Address 1800 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1664720	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARANGO, RAMIRO E 1800 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
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**DO NOT WRITE
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)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000259139 03/11/05-80013-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANGO, RAMIRO E 1800 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARANGO, AURORA 1800 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: <u>RAMIRO ARANGO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>03/09/05 (305) 720-6010</u> Daytime Phone #
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