


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023612		
1. Entity Name DB CONSULTING GROUP, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 8:06

Principal Place of Business 101 COLLINS AVE #24 MIAMI BEACH, FL 33139	Mailing Address 101 COLLINS AVE #24 MIAMI BEACH, FL 33139
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2. Principal Place of Business 101 COLLINS AVE Suite, Apt. #, etc. SUITE 19 City & State MIAMI BEACH Zip FL	3. Mailing Address Suite, Apt. #, etc. City & State Country 33139
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10212004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1175673	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIANCHI, DANIELA F 101 COLLINS AVE #24 MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name BIANCHI, DANIELA Street Address (P.O. Box Number is Not Acceptable) 101 COLLINS AVE #19 City MIAMI BEACH FL Zip Code 33139	
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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:  OCTOBER 20th 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCHI, DANIELA F 101 COLLINS AVE #24 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE SUITE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 COLLINS AVE #19 MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  OCT. 20th (786) 286-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/26/04