

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126356

FILED
Jun 25, 2009
Secretary of State

Entity Name: MIAMI FINANCIAL CONSULTING CORP

Current Principal Place of Business:

420 LINCOLN ROAD
SUITE 235 B
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

420 LINCOLN ROAD
SUITE 235 B
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 54-2159090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, NATHANAEL SR
100 LINCOLN ROAD
APT 817
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COHEN, NATHANAEL SR
Address: 100 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T () Delete
Name: ATTIAS, JOHANNA MS
Address: 157 AVENUE DE CLICHY
City-St-Zip: PARIS, FR 75017 FR

Title: P () Delete
Name: FELLOUS, YONEL SR
Address: 2425 FLAMINGO PLACE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S () Delete
Name: CHOURAQUI, FREDERIC SR
Address: 5838 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YONEL

P

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date