

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003863

FILED
Apr 30, 2008
Secretary of State

Entity Name: SAINT MARGARET CONSULTING SERVICES, CORP.

Current Principal Place of Business:

12950 W COLONIAL DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

6530 ROSECLIFF DRIVE
103
ORLANDO, FL 32835

Current Mailing Address:

6530 ROSECLIFF DRIVE
103
ORLANDO, FL 32835

New Mailing Address:

PO BOX 691875
ORLANDO, FL 32869

FEI Number: 20-2129642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, HUMBERTO I
6530 ROSECLIFF DRIVE #103
ORLANDO, FL 32835 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ACOSTA, HUMBERTO I MR.
Address: 6530 ROSECLIFF DRIVE #103
City-St-Zip: ORLANDO, FL 32835

Title: DT () Delete
Name: MOLERO, GRACIELA A MRS.
Address: 6530 ROSECLIFF DRIVE #103
City-St-Zip: ORLANDO, FL 32835

Title: DS () Delete
Name: SERRANO, DANIELA I MRS.
Address: 6530 ROSECLIFF DRIVE #103
City-St-Zip: ORLANDO, FL 32835

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:

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: HUMBERTO ACOSTA

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date