## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000050192

Entity Name: 2F CONSULTING CORP.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 PONCE DE LEON BLVD. 1430 S. DIXIE HIGHWAY

SUITE 330 SUITE 321

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD. 1430 S. DIXIE HIGHWAY

SUITE 330 SUITE 321

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33146 US

FEI Number: 20-4864347 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD.
ORTIZ, MICHAEL
1430 S. DIXIE HIGHWAY

SUITE 330 SUITE 321

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33146 US

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: MICHAEL ORTIZ 04/07/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: FIANO, FERNANDO Name: FIANO, FERNANDO

Address: 2121 PONCE DE LEON BLVD. SUITE 330 Address: 1430 S. DIXIE HIGHWAY, SUITE 321

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33146 US

Title: ST () Delete Title: ST (X) Change () Addition

Name: GUSART, MILENA Name: GUSART, MILENA

Address: 2121 PONCE DE LEON BLVD. SUITE 330 Address: 1430 S. DIXIE HIGHWAY, SUITE 321 City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33146 US

Title: AS ( ) Delete Title: AS (X) Change ( ) Addition

Name: ORTIZ, MICHAEL Name: ORTIZ, MICHAEL

Address: 2121 PONCE DE LOEN BLVD #330 Address: 1430 S. DIXIE HIGHWAY, SUITE 321 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33146

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: MICHAEL ORTIZ RA 04/07/2009