

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000039408

Entity Name: SOUNDBIZ CONSULTING GROUP, INC

**FILED**  
**Nov 21, 2008**  
**Secretary of State**

### **Current Principal Place of Business:**

4401 NORTH FEDERAL HIGHWAY  
SUITE 101  
BOCA RATON, FL 33431

### **New Principal Place of Business:**

### **Current Mailing Address:**

4401 NORTH FEDERAL HIGHWAY  
SUITE 101  
BOCA RATON, FL 33431

### **New Mailing Address:**

FEI Number: 20-8788366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

LAURIA, FABIO  
4400 NORTH FEDERAL HIGHWAY SUITE 210  
BOCA RATON, FL 33431 US

### **Name and Address of New Registered Agent:**

LAURIA, FABIO  
4401 NORTH FEDERAL HIGHWAY SUITE 101  
BOCA RATON, FL 33431 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: FABIO LAURIA

11/21/2008

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTA, ALISA  
Address: 4400 NORTH FEDERAL HIGHWAY SUITE 210  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANTA, ALISA  
Address: 4401 NORTH FEDERAL HIGHWAY SUITE 101  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Change (X) Addition  
Name: MATERIA, ANTHONY  
Address: 4401 NORTH FEDERAL HIGHWAY SUITE 101  
City-St-Zip: BOCA RATON, FL 33431

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: ALISA SANTA

P

11/21/2008

Electronic Signature of Signing Officer or Director

Date