

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000006947

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** MYN CONSULTING GROUP INC.

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD.  
PH 1510  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

8131 SW 90 AVENUE  
MIAMI, FL 33173

**Current Mailing Address:**

1805 PONCE DE LEON BLVD.  
PH 1510  
CORAL GABLES, FL 33134

**New Mailing Address:**

8131 SW 90 AVENUE  
MIAMI, FL 33173

**FEI Number:** 27-4572190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PASTOR, NANCY  
1805 PONCE DE LEON BLVD.  
PH 1510  
CORAL GABLES, FL 33134 US

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

PASTOR, NANCY  
8131 SW 90 AVENUE  
MIAMI, FL 33173 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/11/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PASTOR, NANCY R  
Address: 8131 SW 90 AVENUE  
City-St-Zip: MIAMI, FL 33173 US

I hereby 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 all other like empowered.

SIGNATURE: NANCY PASTOR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/11/2012

\_\_\_\_\_  
Date