

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90053 020 \*\*\*150.00

DOCUMENT # P98000006886

1. Entity Name  
 MYRIAD CONSULTING SERVICES, INC.



Principal Place of Business  
 5371 N.W. 161 STREET  
 MIAMI, FL 33014

Mailing Address  
 5371 N.W. 161 STREET  
 MIAMI, FL 33014



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0817918

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUKERT, BRUCE  
 5371 N.W. 161 STREET  
 MIAMI, FL 33014

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUKERT, BRUCE
STREET ADDRESS	5371 N.W. 161 STREET
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	D
NAME	SUKERT, LAURIE A
STREET ADDRESS	5371 N.W. 161 STREET
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laurie Sukert* Laurie Sukert 2/05/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

305-623-5500