

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000064179

**Entity Name:** TOUSSAINT CONSULTING SERVICES, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6607984735**

**Current Principal Place of Business:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33137

**Current Mailing Address:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33137

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

TOUSSAINT, ELISSON  
6219 NE 1ST AVENUE  
MIAMI, FL 33138 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PRES	Title	VICE
Name	TOUSSAINT, ELISSON	Name	TOUSSAINT, RAYNOLD J
Address	6219 NE 1ST AVENUE	Address	6219 NE 1ST AVE
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	MIAMI FL 33138

*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: ELISSON TOUSSAINT**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date