

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004620

Entity Name: SI2 CONSULTANTS, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

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

3100 S. OCEAN BLVD., APT 403S  
PALM BEACH, FL 33480 US

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

301 CLEMATIS ST  
SUITE 3000  
WEST PALM BEACH, FL 33401 US

## **Current Mailing Address:**

3100 S. OCEAN BLVD., APT 403S  
PALM BEACH, FL 33480 US

## **New Mailing Address:**

3100 S. OCEAN BLVD  
APT 403S  
PALM BEACH, FL 33480 US

FEI Number: 20-5058558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELGAREJO, INMACULADA  
774 REGAL COVE ROAD  
WESTON, FL 33327 US

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

MELGAREJO, INMACULADA  
3100 S. OCEAN BLVD  
APT 403S  
PALM BEACH, FL 33480 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:

02/15/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MELGAREJO, INMACULADA Z  
Address: 3100 S. OCEAN BLVD., APT 403S  
City-St-Zip: PALM BEACH, FL 33480

Title: VP  
Name: MELGAREJO, JUAN A  
Address: 3100 S. OCEAN BLVD., APT 403S  
City-St-Zip: PALM BEACH, FL 33480

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: INMACULADA Z. MELGAREJO

PRES

02/15/2011

Electronic Signature of Signing Officer or Director

Date