


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90172 044 ***150.00

DOCUMENT # F95000005383	
1. Entity Name CIELO CONSULTING GROUP INC.	

Principal Place of Business 3901 NW 79TH AVE 109 MIAMI, FL 33166 US	Mailing Address 18549 PINES BLVD 185 PEMBROKE PINES, FL 33029-1400 US
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24071707



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3322010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 18450 PINES BLVD #185 PEMBROKE PINES, FL 33029	12005 Pine Island Rd Team 1 Plantation, FL 33324
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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: <i>Meiba Ocharan</i> <small>Signature, last name, first name of registered agent and title. If no change, leave blank. Signature required when changing registered office.</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP OCHARAN, LUIS 16405 SW 1ST PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV OCHARAN, MEIBA 16405 SW ST PEMBROKE PINES, FL 33027
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered. SIGNATURE: <i>Meiba Ocharan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE	Signature Printed
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