

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001250

Entity Name: CONSOLIDENT, INC.

FILED
May 24, 2005
Secretary of State

Current Principal Place of Business:

20295 NW 2ND AVENUE
210
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20295 NW 2ND AVENUE
210
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0817837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODY, JONATHAN E
500 E. BROWARD BLVD
SUITE 1940
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDOD () Delete
Name: BRODY, ROBERT DMD
Address: 20295 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: SCHWARZ, L. T DDS
Address: 20295 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: BAXTER, FREDERICK
Address: 20295 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: PD () Delete
Name: BRODY, LAURENCE
Address: 20295 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: LANDIS, HOWARD
Address: 20295 NW 2ND AVE #210
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: FATHI, ROYA
Address: 20295 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROYA FATHI

D

05/24/2005

Electronic Signature of Signing Officer or Director

_____ Date