

2005 FOR PROFIT CORPORATION ANNUAL REPORT


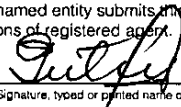
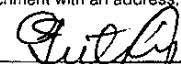
FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90013 043 ***158.75

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # G34523					
1. Entity Name LTC PROFESSIONAL CONSULTANTS, INC.					
Principal Place of Business 4957A S.W. 74TH COURT MIAMI, FL 33155 US			Mailing Address 4957A S.W. 74TH COURT MIAMI, FL 33155 US		
2. Principal Place of Business 7400 S.W. 48 St		3. Mailing Address 7400 S.W. 48 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-2278012	
Zip 33155		Country Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SILA, LUIS 4957A S.W. 74TH COURT MIAMI, FL 33155			7. Name and Address of New Registered Agent Name LUIS, SILVA Street Address (P.O. Box Number is Not Acceptable) 7400 S.W. 48 St. City Miami FL Zip Code 33155		
8. The above named entity submits the 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SILA, LUIS 4957A S.W. 74TH COURT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LUIS, SILVA 7400 S.W. 48 St. Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILA, LUIS 4957A S.W. 74TH COURT MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIS, SILVA 7400 S.W. 48 St Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: 		SILA Luis		1/6/05 305-668-4540	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	