

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90092 021 \*\*\*150.00

DOCUMENT # J85071

1. Filing Name  
COORDINATING CONSULTANTS CONSORTIUM, INC.



Principal Place of Business  
4101 N ANDREWS AVE  
204  
FORT LAUDERDALE, FL 33309

Mailing Address  
4101 N ANDREWS AVE  
204  
FORT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #  
**2501 NE 30 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 24824**  
Suite, Apt. #, etc.



01152007 Chg-P CR2E034 (12/06)

City & State  
**FORT LAUDERDALE FL**  
Zip  
**33306**  
Country  
**USA**

City & State  
**FORT LAUDERDALE FL**  
Zip  
**33307**  
Country  
**USA**

4. FEI Number  
**65-0028439**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

WEST, BARBARA J.  
2132 N.E. 9 AVENUE  
FT. LAUDERDALE, FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007, Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**WEST, BARBARA J.**  
**2132 N.E. 9 AVE**  
**FT. LAUDERDALE, FL 33305**

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information contained 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 applicable.

SIGNATURE:

*Barbara J. West*  
*Barbara J. West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/07*  
Date

*954-564-0742*  
Daytime Phone #