

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95442

FILED
Apr 25, 2006
Secretary of State

Entity Name: FOX CONSOLIDATED SERVICES, INC.

Current Principal Place of Business:

3540 N UNIVERSITY DR
SUNRISE, FL 33351 US

New Principal Place of Business:

3540 N UNIVERSITY DRIVE
SUNRISE, FL 33351 US

Current Mailing Address:

10304 NW 7TH CT
PLANTATION, FL 33324 US

New Mailing Address:

3540 N UNIVERSITY DRIVE
SUNRISE, FL 33351 US

FEI Number: 65-0126547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALCEDO, JOANN
3540 N UNIVERSITY DR
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

SALCEDO, JOANN
3540 N UNIVERSITY DRIVE
SUNRISE, FL 33351 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: JOANN SALCEDO

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPDS () Delete
Name: SALCEDO, FERNANDO
Address: 10304 NW 7TH CT
City-St-Zip: PLANTATION, FL 33324

Title: PDT () Delete
Name: SALCEDO, JOANN
Address: 10304 NW 7TH CT
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: SALCEDO, JOANN
Address: 10304 NW 7TH CT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPDS (X) Change () Addition
Name: SALCEDO, FERNANDO
Address: 3540 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: PDT (X) Change () Addition
Name: SALCEDO, JOANN
Address: 3540 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33351

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 Chapter 119, 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: JOANN SALCEDO

PDT

04/25/2006

Electronic Signature of Signing Officer or Director

Date