


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90083 012 ****50.00

DOCUMENT # L00000015389

1. Entity Name
EASY ACCESS CONSULTING LLC



Principal Place of Business
**6521 WOODBURY ROAD
BOCA RATON, FL 33433**

Mailing Address
**6521 WOODBURY ROAD
BOCA RATON, FL 33433**

2. Principal Place of Business
**1200 S. OCEAN BLVD
Suite, Apt. #, etc.
11 H**

3. Mailing Address
**1200 S. OCEAN BLVD
Suite, Apt. #, etc.
11 H**

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33432

Country
USA

Zip
33432

Country
USA



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent

**RAMAS, GUILLERMO JR
6521 WOODBURY ROAD
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
RAMAS, GUILLERMO JR

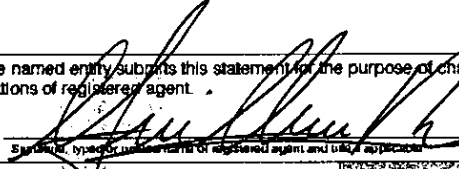
Street Address (P.O. Box Number is Not Acceptable)
1200 S. OCEAN BLVD 11 H

City
BOCA RATON

FL

Zip Code
33432

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  **GUILLERMO RAMAS JR (MGRM)** 5/30/03

SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND DATE APPLICABLE (NOTE: Registered Agent's signature required when reappointing)

FILE NOW! FEE IS \$50.00
Make Cash Payment to Florida Department of State
Due By May 1, 2003

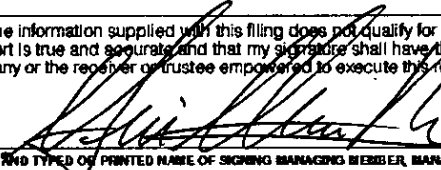
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ALMA, RAMAS I	4020 GALT OCEAN DRIVE, UNIT 412	BOCA RATON, FL 33308	<input type="checkbox"/>
MGRM	RAMAS, GUILLERMO M JR	6521 WOODBURY RD.	BOCA RATON, FL 33433	<input type="checkbox"/>
MGRM	KIMBERLY, RAMAS A	6521 WOODBURY RD.	BOCA RATON, FL 33433	<input type="checkbox"/>
MGRM	GUILLERMO, RAMAS N SR.	4020 GALT OCEAN DRIVE, UNIT 412	FT. LAUDERDALE, FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **GUILLERMO RAMAS JR** 5/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-361-7093

Case Daytime Phone #

CR2E083 (10/02)