


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90123 005 ****50.00

DOCUMENT # L03000031414	
1. Entity Name HISPANIC CONSULTING GROUP LLC	

Principal Place of Business 600 GRAPETREE DR. #10-DS KEY BISCAVNE, FL 33149	Mailing Address 600 GRAPETREE DR. #10-DS KEY BISCAVNE, FL 33149
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2. Principal Place of Business 135 HAMPTON LN Suite, Apt. #, etc.	3. Mailing Address 135 HAMPTON LN Suite, Apt. #, etc.
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City & State KEY BISCAVNE, FL	City & State KEY BISCAVNE
Zip 33149	Country USA



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0172174		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ARENSEN, MARIAS 600 GRAPETREE DR. #10-DS KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name: MATIAS ARENSEN Street Address (P.O. Box Number is Not Acceptable): 135 HAMPTON LN City: KEY BISCAVNE FL 33149

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: LLLL (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARENSEN, MATIAS 600 GRAPETREE DR. #10-DS KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARENSEN, MATIAS 135 HAMPTON LN. KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: LLLL 04/27/05 (305)4907446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #