2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-13-2006 90192 030 ****50.00
L04000073669

DOCUMENT # L04000073669

1. Entity Name
CONSULTATIVE MANAGEMENT SERVICES LLC

Principal Place of Business	Mailing Address
5880 SW 74 TERRACE 5F MIAMI FL 33143	PO BOX 160745 MIAMI FL 33116

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
5880 SW 74 TERRACE		P.O. BOX 160745	
Suite, Apt. #, etc. 5F		Suite, Apt. #, etc. ~~MIAMI, FLORIDA~~	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33143	Country U.S.A	Zip 33116	Country U.S.A

4. FEI Number 20-1782562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZABIHI, KAMRAN
5880 SW 74 TERRACE 5F
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

2006 FEB 22 AM 11:22
SECRETARY OF STATE DIVISION OF CORPORATIONS

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 Kamran Zabihi
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRN	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ZABIHI, KAMRAN		NAME	
STREET ADDRESS	5880 SW 74 TERRACE 5F		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Kamran Zabihi 1/31/06 786-942-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #