

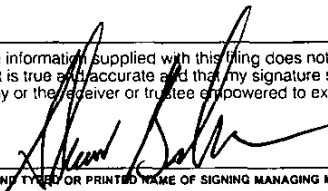


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90033 004 ****50.00

DOCUMENT # L05000040279 1. Entity Name C&S CONSULTING LLC					
Principal Place of Business 5830 FRENCH PLUM LN. TAMARAC, FL 33321			Mailing Address 5830 FRENCH PLUM LN. TAMARAC, FL 33321		
2. Principal Place of Business 3515 Dunes Vista Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">60035547</div> 	
City & State Pompano Beach FL Zip 33069		City & State Zip USA		4. FEI Number 041675510 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04202006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent BOMBARO, SHAWN 5830 FRENCH PLUM LN. TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name SHAWN Bombaro Street Address (P.O. Box Number is Not Acceptable) 3515 Dunes Vista Dr City Pompano Beach FL Zip Code 33069		
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  DATE 4/15/06 <small>Signature type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GONZALEZ, MARIA 5830 FRENCH PLUM LN. TAMARAC, FL 33321	<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	P BOMBARO, SHAWN 5830 FRENCH PLUM LN. TAMARAC, FL 33321	<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
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
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 exemptions contained in Chapter 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: 				Date 4/15/06 Daytime Phone # 954-303-7639	