

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006051

FILED  
Feb 05, 2004  
Secretary of State

Entity Name: CONSUMER COUNSELING CORPORATION

**Current Principal Place of Business:**

441 SOUTH STATE ROAD 7  
SUITE 9 D  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 590055  
FT. LAUDERDALE, FL 33059

**New Mailing Address:**

P.O. BOX 970031  
COCONUT CREEK, FL 33097

FEI Number: 22-3878968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEJIA-MEJIA, CARLOS  
P.O. BOX 970031  
POMPANO BCH, FL 33097

**Name and Address of New Registered Agent:**

MEJIA-MEJIA, CARLOS A  
P.O. BOX 970031  
POMPANO BCH, FL 33097

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: CARLOS A MEJIA-MEJIA

02/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEJIA-MEJIA, CARLOS  
Address: P.O. BOX 970031  
City-St-Zip: POMPANO BCH, FL 33097

Title: SD ( ) Delete  
Name: MEJIA, LUIS F  
Address: P.O. BOX 970031  
City-St-Zip: POMPANO BCH, FL 33097

Title: TD ( ) Delete  
Name: MIRANDA, MARIA M  
Address: P.O. BOX 970031  
City-St-Zip: POMPANO BCH, FL 33097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A MEJIA-MEJIA

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date