2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006051

Entity Name: CONSUMER COUNSELING CORPORATION

FILED Feb 25, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

415 LAKEVIEW DR. 441 SOUTH STATE ROAD 7 POMPANO BCH, FL 33071

SUITE 9 D

MARGATE, FL 33068

Current Mailing Address: New Mailing Address:

P.O. BOX 590055 415 LAKEVIEW DR.

POMPANO BCH, FL 33071 FT. LAUDERDALE, FL 33059

FEI Number: 22-3878968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MEJIA-MEJIA, CARLOS MEJIA-MEJIA, CARLOS 415 LAKEVIEW DR. P.O. BOX 970031 POMPANO BCH, FL 33071 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: 02/25/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MEJIA-MEJIA, CARLOS MEJIA-MEJIA, CARLOS Name: Name:

415 LAKEVIEW DR. Address: P.O. BOX 970031 Address: POMPANO BCH, FL 33097 City-St-Zip: POMPANO BCH, FL 33071 City-St-Zip:

Title: SD Title: SD () Delete

(X) Change () Addition Name: MEJIA, LUIS F Name: MEJIA, LUIS F

Address: 415 LAKEVIEW DR. Address: P.O. BOX 970031 City-St-Zip: POMPANO BCH, FL 33071 City-St-Zip: POMPANO BCH, FL 33097

Title: () Delete Title: (X) Change () Addition

MIRANDA, MARIA M Name: MIRANDA, MARIA M Name: 415 LAKEVIEW DR. P.O. BOX 970031 Address: Address: City-St-Zip: POMPANO BCH, FL 33071 City-St-Zip: POMPANO BCH, FL 33097

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 MEJIA-MEJIA PD 02/25/2003