2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000012056

1. Entity Name
CTSC CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8181 NW 154TH STREET SUITE 250 MIAMI LAKES, FL 33016	8181 NW 154TH STREET SUITE 250 MIAMI LAKES, FL 33016

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0978256
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, WARREN
8181 NW 154TH STREET
SUITE 250
MIAMI LAKES, FL 33016

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLEN, WARREN
STREET ADDRESS	8181 NW 154TH STREET #250
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	TD
NAME	OTALORA, RAFAEL
STREET ADDRESS	8181 NW 154TH STREET #250
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	VD
NAME	GONZALEZ, ERONIDES
STREET ADDRESS	8181 NW 154TH STREET #250
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SD
NAME	MENDOZA, CLAUDIO
STREET ADDRESS	8181 NW 154TH ST #250
CITY ST ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/21/05-80029-015 150.00

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12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rafael Otalora 3/17/2005 (305) 512-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #