

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000012056

1. Entity Name
CTSC CONSULTANTS, INC.



Principal Place of Business

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

Mailing Address

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



01172007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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02/22/07-80032-020 150.00

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IN THIS SPACE**

12. 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 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rafael Otalora 2/8/2006 305-512-2072