

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 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**



01152008 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U000000820430
02/18/08-80029-007 150.00

**DO NOT WRITE
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 address, with all other like empowered.

SIGNATURE:

Rafael Otalora
Treasurer

01/05/2008 (305) 512 2872

Date Daytime Phone #