
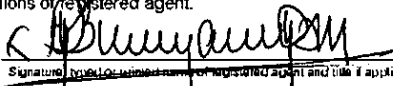
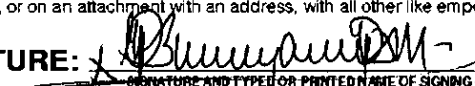


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90024 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000048836					
1. Entity Name BDM CONSULTING INC.					
Principal Place of Business 14821 SW 87TH AVE MIAMI, FL 33176			Mailing Address 14821 SW 87TH AVE MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1016748				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DURAN, BENJAMIN 14821 SW 87TH AVE MIAMI, FL 33176			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			7925 NW 12th St #318		
			City MIAMI FL Zip Code 33126		
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  (NOTE: Registered Agent Signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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:  (NOTE: Registered Agent Signature required when reinstating) DATE Daytime Phone #					

CR2EC34 (10/02)