

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90010 004 \*\*\*150.00

**DOCUMENT # P00000079167**

1. Entity Name  
**CONSOLIDATED INVESTMENT CORPORATION**



Principal Place of Business

**2255 GLADES ROAD  
SUITE 411-E  
BOCA RATON, FL 33431**

Mailing Address

**2255 GLADES ROAD  
SUITE 411-E  
BOCA RATON, FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**3469 NE 169 Street**

Suite, Apt. #, etc.

**3469 NE 169 Street**

City & State

**NORTH MIAMI BEACH, FL**

City & State

**NORTH MIAMI BEACH, FL**

Zip

**33 160**

Country

**Dade**

Zip

**33160**

Country

**Dade**

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-1055197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOULIAGUINE, EVEGUENI  
3469 NE 169 ST.  
MIAMI, FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**1/7/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
**PTS  
SOULIAGUINE, EUGUENI  
3469 NE 169 ST  
NORTH MIAMI BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SOULIAGUINE, EVGUENI  
3469 NE 169TH STREET  
NORTH MIAMI BEACH, FL 33160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Delete

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NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\_\_\_\_\_ ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/7/04 (305) 725-9594**