

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000110956

1. Entity Name
INSPET CONSULTING INC.



Principal Place of Business
**10637 SW 88TH STREET
SUITE 7-K
MIAMI, FL 33176 US**

Mailing Address
**10637 SW 88TH STREET
SUITE 7-K
MIAMI, FL 33176 US**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1058884 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTALVO, ALEJANDRO
6908 SW 104TH COURT
MIAMI, FL 33173**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, ALBA CALLE EL MILAGRO, PISO 1 APT. 1A ESTADO ANZOATEGUI VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, YACILES CALLE NEGRIN CON AV FRANCISCO SOLANO #8-10 CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALCEDO, VICENTE AV. EL SAMAN #8-10 ESTADO MIRANDO, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORA, CARLOS AV. FRANCISCO DE MIRANDA CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBOA, YULY CALLE LAS FLORES EDIF CAVALIER APT 2-3 SABANA GRANDE, CARACAS, VENEZ.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVO, ALEJANDRO 6908 SW 104TH COURT MIAMI, FL 33173

1000000304232
04/14/05-80035-006 150.00

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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 *Alba Prieto* ALBA PRIETO

04-12-05 305-5982519