05/01/2005 23:00 9547679572 CSI CONSULT

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May 05, 2005 8:00 am
Secretary of State
05-05-2005 90095 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000000744

1. Entity Name
BROADBAND CONSULTING, INC.

Principal Place of Business	Mailing Address
14502 NORTH DALE MABRY HWY. SUITE 200-30 TAMPA, FL 33618	14502 NORTH DALE MABRY HWY. SUITE 200-30 TAMPA, FL 33618

2. Principal Place of Business		3. Mailing Address	
941 NE 19 Avenue		941 NE 19 Ave	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc. Suite 310	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country USA	Zip 33304	Country USA

01022005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1065151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELGADO, LEONARD
941 N.E. 19TH AVE., STE. 310
FT. LAUDERDALE, FL 33304

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DELGADO, LEONARD 14502 N. DALE MABRY HWY., SUITE 200-30 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 941 NE 19 Ave Suite 310 Fort Lauderdale, FL. 33304
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Leonard J. Delgado 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #