2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000011350 **DOCUMENT #**

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

SOARES CONSULTING, INC.							01-13-2003 90	J1 29 01 e	130).00	
Principal Place of Business 15726 NW 10TH STREET PEMBROKE PINES. FL 33028 US			15726 NV	Mailing Address 15726 NW 10TH STREET PEMBROKE PINES. FL 33028 US							
2. Principal Place of Business			3. Mailing	3. Mailing Address			1 1 1 1 1 1 1 1 1 1				
Suite, Ap	t. #, etc.		Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & S	City & State			h5-10/h490			oplied For	
Zip		Country	Zip		Country	5	. Certificate of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Curre	nt Registered A	Registered Agent		7. Name and Address of New Registered Agent					
					Name						
		NCORPORATED SUITE 1114			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI BE	EACH FL 33	139									
					City			FL	Zip Cod	e i	
8. The above the obligation	e named entity tions of regist	y submits this statemen ered agent.	t for the purpose	of changing its	registered office or reg	gistered a	agent, or both, in the State of Florid	la. I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applicable). (NOTE	: Registered Agent signature re	equired wher	n 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							Election Campaign Finan Trust Fund Contribution.	cing	\$5.0 Added	0 May Be to Fees	
10.		OFFICERS AN	ID DIRECTORS		11.	Ã	LADDITIONS/CHANGES TO OFFICE	BS AND D	RECTORS	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP		JOHN 10TH STREET E PINES, FL 33028		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-] Change	☐ Addition	
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 (DITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY_ST_ZIP	•			Change	Addition	

12. I hereby certify that the information supplied with this filling 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR