2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P01000029081** 04-11-2005 90177 032 ***150.00 1. Entity Name **EGA MANAGEMENT & CONSULTANTS INC** Principal Place of Business Mailing Address 50035819 14271 SW 18 ST. 14271 SW 18 ST. MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address 3000 SW 34 ue 3000 SW 3 tue Suite, Apt. #, etc. Suite, Apt. #. etc. 04072005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State ECONDA FlorioA MIAMI MIGAMI 65-1087031 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ-ABREU, ERNESTO. Street Address (P.O. Box Number is Not Acceptable) 12015 SW 137TH TERR MIAMI, FL 33186 1 Çity Zip Code hity 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 8. The above named the obligations of tered agent SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition NAME GONZALEZ-ABREU, ERNESTO NAME 12015 SW 137TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-712 CITY-ST-ZIP TITLE Delete IME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attaching in with an address, with all other like empowered.

FILED

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