2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000071371 FILED 1. Entity Name CONSUL-TECH DEVELOPMENT SERVICES, INC. 07 FEB -2 AM II: 15 Principal Place of Business SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA 3141 COMMERCE PARKWAY 3141 COMMERCE PARKWAY MIRAMAR, FL 33025 MIRAMAR, FL 33025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-1123252 Not Applicable Zip Country Zio Country \$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 MURAI WALD BIONDO & MORENO PA Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA, PENTHOUSE 1B CORAL GABLES, FL 33134 City 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 500088727365 9. Election Campaign Financing \$5.00 May Be 02/19/07~-01039~-011 **70.00 Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DS THIE Delete TITLE Change ★Addition JUAN MUNIZ NAME GARGANTA, ANDRES NAME 8401 SW 184th STREET 9933 SW 21ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-SI-ZIP PALMETTO BAY FL 33157 TITLE ☐ Delete TITLE Addition GABRIEL OLIVARES MALLOL, CARLOS NAME NAME 7361 S.W. 123RD PLACE STREET ADDRESS STREET ADDRESS 27415 HORNE AVENUE CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete TITLE TITLE Change **Addition** ROY FAIRBROTHER HERNANDEZ, WILMA NAME NAME 905 50th STREET EAST 833 N. NORTHLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP BRADENTON FL 34208 TITLE ☐ Delete TITLE □ Change ☐ Addition ARNOLD, JOEL NAME NAME STREET ADDRESS 8248 LEXINGTON VIEW LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ENGLAND, JOHN NAME NAME STREET ADDRESS 4822 NW 104TH TERRACE STREET ADDRESS CITY-ST-ZIF CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account 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 state 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 ellipstance empowered. 1/29/07 Date 954-438-4300 SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR