2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000071374

Address:

City-St-Zip:

FILED May 17, 2005 Secretary of State

Entity Nai	me: CONSUL	-TECH SURVEYING & MAPP	ING INC.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	MERCE PARI , FL 33025	KWAY			
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	MERCE PARI , FL 33025	KWAY			
FEI Number:	: 65-1123253	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
900 INGRA 25 SE 2NE MIAMI, FL The above	AHAM D AVENUE 33131 US named entity	& MORENO PA submits this statement for the	MURAI WALD BION 2 ALHAMBRA PLAZ CORAL GABLES, FI purpose of changing its registe	A, PENTHOUSE 1B	
in the State of Florida.					
SIGNATURE: Electronic Signature of Registered Agent				05/17/2005 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DS (GARGANTA, Al 9933 SW 21 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (MALLOL, CAR 7361 SW 123F MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP (PLATT, MICHA 424 LLAMA CC APOPKA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (BOGGS, JOSE 2421 23RD ST NAPLES, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	() Delete	Title: V Name: SANFIEL,	() Change (X) Addition JOSE	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6517 SW 112TH PLACE MIAMI, FL 33173

SIGNATURE: CARLOS MALLOL TD 05/17/2005