2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071374

Address:

City-St-Zip:

16110 SW 154TH AVENUE

MIAMI, FL 33187

Entity Name: CONSUL-TECH SURVEYING & MAPPING INC.

FILED Mar 26, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:			
	MERCE PARK 2, FL 33025	(WAY				
Current Mailing Address:			New Mailing Address:			
	MERCE PARK R, FL 33025	(WAY				
FEI Number	: 65-1123253	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desire	d (X)
Name and	d Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
2 ALHAME CORAL G	BRA PLAZA, PI ABLES, FL 33	& MORENO PA ENTHOUSE 1B 134 US submits this statement for the p	ourpose of changing i	ts reaistered o	ffice or registered agent.	or both.
	e of Florida.		p		moo or regional agent,	o,
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	DS () GARGANTA, AN 9933 SW 21 ST MIAMI, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MALLOL, CARL 7361 SW 123R MIAMI, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DP () PLATT, MICHAI 424 LLAMA CO APOPKA, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () BOGGS, JOSE 2421 23RD STI NAPLES, FL		Title: Name: Address: City-St-Zip:	QUARTEL, JAN 638 LASALLE [
Title: Name:	V () BRUCE, SELVII	Delete N	Title: Name:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:

SIGNATURE: CARLOS MALLOL TD 03/26/2008