

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000071375

1. Entity Name
CONSUL-TECH ENTERPRISES, INC.



FILED

07 FEB -2 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

Mailing Address
3141 COMMERCE PARKWAY
MIRAMAR, FL 33025

[Handwritten Signature]



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1123417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI WALD BIONDO & MORENO PA
2 ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

800088727338
02/19/07--01039--010 **70.00

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GARGANTA, ANDRES	
STREET ADDRESS	9933 SW 21ST STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MALLOL, CARLOS	
STREET ADDRESS	7361 SW 123RD PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	HERNANDEZ, WILMA	
STREET ADDRESS	833 N. NORTHLAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PLATT, MICHAEL	
STREET ADDRESS	424 LLAMA COURT	
CITY-ST-ZIP	APOPKA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVEZ, EVELIO	
STREET ADDRESS	8760 SW 85TH STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTELA, GILBERT	
STREET ADDRESS	8240 SW 28TH STREET	
CITY-ST-ZIP	MIAMI, FL 33155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE GUEST	
STREET ADDRESS	2142 TUMERIC AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

954-438-4300

Daytime Phone #