2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000073986

1. Entity Name
MBLA CONSULTING GROUP CORP.

Principal Place of Business	Mailing Address
830 GOLDEN CANE DR WESTON, FL 33327	830 GOLDEN CANE DR WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1138547
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRICENO, MAGIN
830 GOLDEN CANE DR
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000351407
05/02/05-80143-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BRICENO, MAGIN
STREET ADDRESS	830 GOLDEN CANE DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	VAZQUEZ, MANUEL
STREET ADDRESS	7101 NW 11 CT
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	D
NAME	BRICENO, MAGIN
STREET ADDRESS	830 GOLDEN CANE DR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	BUSTILLO, JUAN A
STREET ADDRESS	AVE. VENEZUELA, EDIF. VENEZUELA, OFC. 86
CITY-ST-ZIP	EL ROSAL, CARACAS, DF VENEZUELA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/05 9543493688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #