

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000073986

FILED
Apr 26, 2003
Secretary of State

Entity Name: MBLA CONSULTING GROUP CORP.

Current Principal Place of Business:

1293 CHENILLE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1293 CHENILLE CIRCLE
WESTON, FL 33327

New Mailing Address:

6511 NOVA DRIVE
DAVIE, FL 33317

FEI Number: 65-1138547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRICENO, MAGIN
1293 CHENILLE CIRCLE
WESTON, FL 33327

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: BRICENO, MAGIN
Address: 1293 CHENILLE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: VAZQUEZ, MANUEL
Address: 7101 NW 11 CT
City-St-Zip: PLANTATION, FL 33313

Title: D () Delete
Name: BRICENO, MAGIN
Address: 1293 CHENILLE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: BUSTILLO, JUAN A
Address: AVE. VENEZUELA, EDIF. VENEZUELA, OFC. 86
City-St-Zip: EL ROSAL, CARACAS, DF VENEZUELA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MAGIN BRICENO

PVST

04/26/2003

Electronic Signature of Signing Officer or Director

Date