

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000008507

1. Entity Name
FLAG CONSULTANTS, INC.



Principal Place of Business
**2645 EXECUTIVE PARK DR
STE 501
FORT LAUDERDALE, FL 33331**

Mailing Address
**2645 EXECUTIVE PARK DR
STE 501
FORT LAUDERDALE, FL 33331**



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3593091

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDRADE, MAURICIO C
1516 ZENITH WAY
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 _____

Signature typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ANDRADE, MAURICIO
1516 ZENITH WAY
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000460517
03/20/06-80013-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Mauricio Andrade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/06

Date

030530117697

Daytime Phone #