



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

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000010925 1. Entity Name ERNEST SANZ CONSULTING, INC.			
Principal Place of Business 6401 SW 125TH AVE MIAMI, FL 33183		Mailing Address 6401 SW 125TH AVE MIAMI, FL 33183	
			
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent ZOMERFELD, RAYMOND J CPA 999 PONCE DE LEON BLVD SUITE 1045 CORAL GABLES, FL 33134		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)</small>		U00000354432 05/02/05 08:00 023 158.00 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANZ, ERNEST 6401 SW 125TH AVE MIAMI, FL 33183		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Stat. 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: _____ <small>SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	