



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000014280 1. Entity Name VOX CONSULTING GROUP, INC.						FILED 04 OCT 27 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7340 SW 48 ST. SUITE 108 A MIAMI, FL 33155				Mailing Address 7340 SW 48 ST. SUITE 108 A MIAMI, FL 33155			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RIVAS, CARLOS 4961 SW 75 AVE. MIAMI, FL 33155				Name MORRIS CLAUDE Street Address (P.O. Box Number is Not Acceptable) 12330 SW 53RD ST. SUITE 712 City FORT LAUDERDALE FL Zip Code 33330			
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 <u><i>Claude Morris</i></u> CLAUDE MORRIS 10/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, CARLOS 7340 SW 48 ST. SUITE 108 A MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MORRIS, CLAUDE 12330 SW 53RD ST. SUITE 712 FORT LAUDERDALE, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, ELIZABETH 7640 SW 48 ST. SUITE 108 A MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042248683 10/27/04--01048--011 **70.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Claude Morris</i></u> CLAUDE MORRIS 10/26/2004 954-434-2000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							