2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015883 1. Entity Name M.A.M. CONSULTING CORP.			FILED 03 OCT 23 AM	9: 27	
Principal Place of Business 2500 N.W107 AVE. SUITE 2082 MIAMI FL 33172	Mailing Address 2500 N.W. 107 AVE. SUITE 208 MIAMI FL 33172		SECRETARY OF TALLAHASSEE. F	STATE CORIDA	
2. Principal Place of Business 2500 NW 107 AV Suite, Apt. #, etc. 208 Gity & State	3. Mailing Address 656 NW 14 A Suite Apt. #, etc. Gly & State	1		F MAKING CHANGES	pplied For
Country A 6. Name and Address of Current Re	Manu 1+ 33178	ounty USA	Sertificate of Status Desired Name and Address of New Re	\$8.75 Add Fee Require	ot Applicable ditional
MICHELENA, MIGUEL A 7220 NW 36 ST SUITE 601 MIAMI FL 33166		Street Address (2500 A)	lena Miguel F- RO. Box Number is Not Acceptable)	} . Scute 20 FL 翌等	ලි
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 required when reinstating) DATE FILE NOW!!! FEE IS \$550.00					
After September 10, 2003 Fee will be \$750.0 Make Check Payable to Florida Department of \$	State		9. Election Campaign Fina Trust Fund Contribution	. Added	00 May Be d to Fees
TITLE PD MICHELENA, MIGUEL 2500 N.W. 107 AVE., SUITE 208 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR Change	S IN 11 Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZIP VD OCANDO, MARIA A 2500 N.W. 107 AVE., SUITE 208 MIAMI FL 33172	1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME. STREET ADDRESS CITY-ST-ZIP.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	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 the 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:					

M.A.M. CONSULTING CORP 2500 Nw 107 Av Suite 208 Miami, Fl, 33172

Miami, October 16, 2003

State of Florida
Department of State
Secretary of State
Document Number P02000015883

To whom it may concern:

Please be advised that I have received a letter stating that you were closing my corporation, this must be a mistake pursuant to the fact that i have made my payments as it is requested. I never received a letter or a warning advising of this procedure. Kindly review my documents and confirm that my corporation is legally papered. Enclosed please find a copy of the check that was sent to your office as all forms.

Sincerely yours,

Maria Ocando/

Vicepresident