2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2003 8:00 am
Secretary of State
03-07-2003 90139 008 ***150.00

DOCUMENT # P02000024297

1. Entity Name
DEVELOPMENT CONSULTING GROUP INTERNATIONAL CORP

Principal Place of Business	Mailing Address
860 NE 212 TERRACE SUITE #3 MIAMI FL 33179	860 NE 212 TERRACE SUITE #3 MIAMI FL 33179

2. Principal Place of Business		3. Mailing Address	
5705 B Fox Hollow Dr.		5705 B Fox Hollow Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton Fl		City & State: Boca Raton, Florida	
Zip: 33486	Country	Zip: 33486	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0637913 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

OB ACCOUNTING SOLUTIONS
PO BOX 015793
MIAMI FL 33101

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4471 NW 36 th Street
Suite 251
City: MIAM FL Zip Code: 33166

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P HENRICKSON, ACCIME 860 NE 212 TERRACE MIAMI FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HERICKSON, ACCIME 860 NE 212 TERRACE MIAMI, FL-33179	☑ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #