

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90015 039 ***150.00

DOCUMENT # P02000040058

1. Entity Name

SPECIALIZED CONSULTING GROUP, INC.



Principal Place of Business

**11093 NW 44 TERR
MIAMI FL 33178**

Mailing Address

**11093 NW 44 TERR
MIAMI FL 33178**

2. Principal Place of Business **11093 NW
MIAMI - FL 44 TER**

Suite, Apt. #, etc. **11093 NW 44 TER**

City & State **MIAMI FLORIDA**

Zip **33178** Country **USA**

3. Mailing Address **11093 NW 44 TER**

Suite, Apt. #, etc.

City & State **MIAMI, FLORIDA**

Zip **33178** Country **USA**



MOORE

CR2E034 (11/03)

4. FEI Number **04-3658797**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ GONZALEZ, CONCEPCION
11093 NW 44 TERR
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **SUAREZ, GONZALEZ, CONCEPCION**
Street Address (P.O. Box Number is Not Acceptable)
**11093 NW
44 TER**
City **MIAMI** FL Zip Code **33178**

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, 2004 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

TITLE
NAME **D SUAREZ GONZALEZ, CONCEPCION** ☐ Delete
STREET ADDRESS **11093 NW 44 TERR**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **Concepcion SUAREZ** Feb 21/04 (305) 4062838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #