


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

02-26-2004 90015 039 \*\*\*150.00

<b>DOCUMENT # P02000040058</b>		
1. Entity Name <b>SPECIALIZED CONSULTING GROUP, INC.</b>		
Principal Place of Business <b>11093 NW 44 TERR MIAMI FL 33178</b>	Mailing Address <b>11093 NW 44 TERR MIAMI FL 33178</b>	



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>11093 NW MIAMI-FL 44 TER</b>	3. Mailing Address <b>11093 NW 44 TER</b>
Suite, Apt. #, etc. <b>11093 NW 44 TER</b>	Suite, Apt. #, etc.
City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33178</b>	Country <b>USA</b>
Zip <b>33178</b>	Country <b>USA</b>

4. FEI Number <b>04-3658797</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	D SUAREZ GONZALEZ, CONCEPCION 11093 NW 44 TERR MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Concepcion SUAREZ **Feb 21/04 (305) 4062838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #