


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 017 ***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
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2. Principal Place of Business 9725 NW 52 ST. Suite, Apt. #, etc. Apt. # 310	3. Mailing Address 9725 NW 52 ST Suite, Apt. #, etc. Apt # 310
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04112005 Chg-P CR2E034 (10/03)

City & State DORAL - FLORIDA	City & State DORAL - FLORIDA
Zip 33178	Country USA
Zip 33178	Country USA

4. FEI Number 04-3658797	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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)
9725 NW 52 ST

Apt # 310

City
Doral

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ GONZALEZ CONCEPCION
STREET ADDRESS	9725 NW 52 ST Apt # 310
CITY-ST-ZIP	DORAL, FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Suarez* 04-11-05

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