


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90245 016 ***150.00

DOCUMENT # P02000040058

1. Entity Name
SPECIALIZED CONSULTING GROUP, INC.



Principal Place of Business 9725 NW 52 ST APT 310 DORAL, FL 33178	Mailing Address 9725 NW 52 ST APT 310 DORAL, FL 33178
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2. Principal Place of Business 12231 SW 140 ST Suite, Apt. #, etc. MIAMI FLORIDA	3. Mailing Address 12231 SW 140 ST Suite, Apt. #, etc.
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
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Zip 33186	Country USA	Zip 33186	Country USA
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01112006 Chg-P CR2E034 (11/05)

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
9725 NW 52 ST
APT 310
DORAL, FL 33178

7. Name and Address of New Registered Agent

Name
CONCEPCION SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
12231 SW 140 ST

City **MIAMI** FL Zip Code **33186**

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, 2006 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	NAME SUAREZ GONZALEZ, CONCEPCION	<input type="checkbox"/> Delete
STREET ADDRESS 9725 SW 52 ST, APT 310		
CITY-ST-ZIP DORAL, FL 33178		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME SUAREZ GONZALEZ, CONCEPCION	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12231 SW 140 ST,		
CITY-ST-ZIP MIAMI, FL 33186 - USA		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 D. Date: JAN 11/06 Daytime Phone #: 305-238283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR