


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 City & State	3. Mailing Address 12231 SW 140 ST Suite, Apt. #, etc. MIAMI FLORIDA City & State
Zip 33186 Country USA	Zip 33186 Country USA



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3658797		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ GONZALEZ, CONCEPCION 9725 SW 52 ST, APT 310 DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ GONZALEZ, CONCEPCION 12231 SW 140 ST MIAMI, FL 33186 - USA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 CONCEPCION SUAREZ D. JAN 11/06 305-238283

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