

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000058234

1. Entity Name
LHG CONSULTING, INC.



Principal Place of Business
6324 BLVD. OF CHAMPIONS
N. LAUDERDALE FL 33068

Mailing Address
6324 BLVD. OF CHAMPIONS
N. LAUDERDALE FL 33068

2. Principal Place of Business
7801 S. Colony Circle
Suite, Apt. #, etc.
Bldg 10, Suite 209
City & State
Tamarac, FL
Zip
33321

3. Mailing Address
7801 S. Colony Circle
Suite, Apt. #, etc.
Bldg 10, Suite 209
City & State
Tamarac, FL
Zip
33321

4. FEI Number
01-0715195

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, LUZ HAIDE
6324 BLVD. OF CHAMPIONS
N. LAUDERDALE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

7801 S. Colony Circle
Bldg 10, Suite 209

City Tamarac FL Zip Code 33321

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LUZ HAIDE 6324 BLVD. OF CHAMPIONS N. LAUDERDALE FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7801 S. Colony Circle, Bldg 10, Ste 209 Tamarac, FL 33321	<input checked="" 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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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: *Luz S. Haide Gomez* *04/20/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0166728 AV

CR2E034 (10/02)