2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 006 ***150.00

DOCUMENT # P02000081451

1. Entity Name
PROFIT CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

90099695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11175 SW 108th Court		11175 SW 108th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33176	Country: U.S.	Zip: 33176	Country: U.S.

4. FEI Number 03-0477242 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Wagner, Sharon
Street Address (P.O. Box Number is Not Acceptable): 1627 East Lake Way
City: Weston, FL FL Zip Code: 33326

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: DP NAME: Massoni, Edgardo STREET ADDRESS: 11175 SW 108th Court CITY-ST-ZIP: Miami, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE: D NAME: Wagner, Sharon STREET ADDRESS: 1627 East Lake Way CITY-ST-ZIP: Weston, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Sharon E Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR