

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084973

Entity Name: FLA CONSULTING, INC.

FILED  
Mar 26, 2008  
Secretary of State

## Current Principal Place of Business:

931 SR 434 #201  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

931 SR 434 #201  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

931 S.R. 434 #201  
201  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

931 S.R. 434 #201  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 52-2373717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZAR, FRANK L  
931 SR 434 #201  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

AZAR, FRANK L  
931 S.R. 434 #201  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: FRANK L, AZAR

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AZAR, FRANK L  
Address: 931 SR 434 #201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete  
Name: AZAR, DOROTHY  
Address: 931 S. R. 434 #201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AZAR, FRANK L  
Address: 931 S.R. 434 #201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK L. AZA

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date