

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P02000085861

1. Entity Name
INDIGO CONSULTING CORP.



Principal Place of Business
1200 N. FEDERAL HIGHWAY SUITE 200
BOCA RATON, FL 33342

Mailing Address
2950 SW 189 TERRACE
MIRAMAR, FL 33029



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3075637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIAZOA, JAIME P
2950 S.W. 189 TERRACE
MIRAMAR, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MIAZOA, JAIME
2950 S.W. 189 TERRACE
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MIAZOA, ZULME
2950 S.W. 189 TERRACE
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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05/15/07-80065-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Zulme Miazoa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07 954 441-5761
Date Daytime Phone #