

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-03-2004 90011 013 ***150.00

DOCUMENT # P02000093608 1. Entity Name FLORAL CONSULTING GROUP, INC.					
Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE RD., STE. 324 MIAMI, FL 33126			Mailing Address C/O NICOLAS FERNANDEZ, P.A. 780 N.W. LE JEUNE RD., STE. 324 MIAMI, FL 33126		
2. Principal Place of Business 1500 NW 95th Avenue		3. Mailing Address 1500 NW 95th avenue			
Suite, Apt., etc. 		Suite, Apt., etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 02-0641148	
Zip 33172		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LE JEUNE ROAD SUITE. 324 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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-STATE-ZIP	OPS LOZANO, EDGAR ☐ Delete 780 NW LE JEUNE RD STE 324 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPS ☒ Change ☐ Addition Lozano, Edgar 33172 1500 NW 95th Avenue, Miami, FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP ☒ Delete LOZANO, EDGAR 780 NW LE JEUNE RD. STE MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV ☐ Change ☒ Addition Barquin, George 33172 1500 NW 95th Avenue, Miami, FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/24/04 Daytime Phone # _____		

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