


2004 FOR PROFIT CORPORATION ANNUAL REPORT

CERT.

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90172 048 ***158.75

DOCUMENT # P02000101423	
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1. Entity Name AMERICONSULT, INC.	Principal Place of Business 5700 NORTHWEST 72ND AVENUE MIAMI, FL 33166	Mailing Address 5700 NORTHWEST 72ND AVENUE MIAMI, FL 33166
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14020503



2. Principal Place of Business 7855 NW 29 St.	3. Mailing Address 7855 NW 29 St.
Suite, Apt. #, etc. # 190	Suite, Apt. #, etc. # 190
City & State Miami, Florida	City & State Miami, Florida
Zip 33122	Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0229604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name: IVAN OSORIO Street Address (P.O. Box Number is Not Acceptable) 7855 NW 29 Street # 190 City: Miami FL Zip Code: 33122	

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: Ivan Osorio - President DATE: 04-29-04

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OSORIO, IVAN 5700 NORTHWEST 72ND AVENUE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OSORIO, IVAN 7855 NW 29 Street # 190 Miami, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSORIO, ROSEA E 5700 NORTHWEST 72ND AVENUE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OSORIO, ROSA E 7855 NW 29 Street # 190 Miami, FL 33122 <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
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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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

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: Ivan Osorio **04-29-04** **305-717-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #