# 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P02000101423**

**1.** Entity Name
AMERICONSULT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7855 NW 29 ST.<br>#190<br>MIAMI, FL 33122 | 7855 NW 29 ST.<br>#190<br>MIAMI, FL 33122 |

## DO NOT WRITE IN THIS SPACE

04302005   No Chg-P   CR2E034 (10/03)
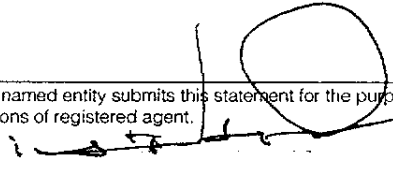
**4.** FEI Number
65-0229604

| Applied For
| Not Applicab'

**5.** Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

OSORIO, IVAN
7855 NW 29 STREET #190
MIAMI, FL 33122

## DO NOT WRITE
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**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)

4-30-05

DATE

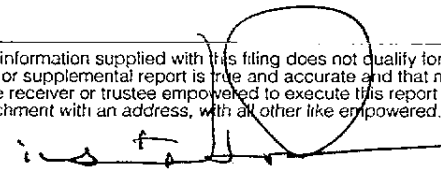**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

**10.**          OFFICERS AND DIRECTORS

| TITLE | PTD |
|---|---|
| NAME | OSORIO, IVAN |
| STREET ADDRESS | 7855 NW 29 STREET # 190 |
| CITY-ST-ZIP | MIAMI, FL 33122 |
| TITLE | VSD |
| NAME | OSORIO, ROSA E |
| STREET ADDRESS | 7855 NW 29 STERET # 190 |
| CITY-ST-ZIP | MIAMI, FL 33122 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

05/04/05-80111-022 158.75

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**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____         4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date        Daytime Phone #