2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM **Secretary of State** CUMENT # P02000109155 E. CONSULTANTS, CORP. P Place of Business Mailing Address ST AVENUE 800 WEST AVENUE APT 734 8 MIAMI BEACH FL 33139 **ILLEACH FL 33139** 2. noal Place of Business 3. Mailing Address , Apt. #, etc. Stille, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For State City & State 4. FE) Number 16-1641004 Not Applicat Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALDES, RAFAEL E 100 WEST AVENUE 1APT 734 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 City Zip Code 8. ove 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 biligations of registered agent. S١ Signature, typed or printed herne of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150,00 8. Election Campaign Financing \$5.00 May 80 Arter May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees M check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Change ☐ Addition Delete THLE 1133 PD NAME NAI VALDES, RAFAEL E U00000396769 STREET ADDRESS STF 800 WEST AVENUE APT 734 01/30/06-80021-024 150.00 CIT MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Change □ Add® 7111🔲 Deleto TITCE NA NAME STREET ADDRESS STR CIT EITY-ST-ZIP Change Addition m Delete URF NAME MAS STREET ADDRESS SIN Ċπ CITY-ST-ZIP ☐ Change mDefete TITLE Addition MAL NAME STREET ADDRESS STR CITY-ST-ZIP CITY ☐ Change (IIL ☐ Delete TITLE Addition NAM MARKE STRI STREET ADDRESS CITY CITY-ST-ZIP Change Addition BL ☐ Delete TITLE NAM NAME STREET ADDRESS STRE

Thy certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information are composed 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 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 famed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NATURE: The Vain RA

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12.

RAFAEL E VALDES -PRESIDENT

1-18-06

305-582-4926