PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLI	EASE READ	ALL INSTRU	CHONS BEFOR	COMPLET	IIVO II	FROST OINM.			
i	RPORATION STATEMEN	(All the Control of t	Secr	PARTMENT OF STA etary of State of corporations			-9 PM 2: 24 ARY OF STATE SSEE, FLORIDA			
DOCUMENT # P02 000 \28 252 1. Corporation Name						11.ute				
G CONSULTING GROUP, INC.										
	<u> </u>		····							
,	ai Office Address	~+-	3. Mailing Office A		724	ATOMEN	TO T	3		
891 NE 78世 ST Suite, Apt. #, etc.			SAME Suite, Apt. #, etc.		וווללונון	1/)@ 0	'L'3) ≫ Cumon			ه خد
) Oans, r.p.s. », o.o.	4. Date Incor						
City & State			City & State		5. FEI Numb		orida 12/02	Applied	d Eng	l
Boxa Raton, FL					59-32		97		plicable	ĺ
zip 3348		untry USA	Zip	Country	6.		IS DESIRED \$8.75 Add	ditional Fe		ı
32-10		USP	7. Name :	and Address of Current Re	egistered Agent		701 8 60	Transacte of	Otatus	ı
	Name	2010 10 0		- Inl						
	DONALD I. GOUDSTEIN Street Address (P.O. Box Number is Not Acceptable)									
	891 NE 78th ST						2533887 01014012 *	<u>*750</u> , (00	
	Suite, Apt. #, Etc.									
	BOCA PATON				- '"-	State FL	Zip Code 33187			
8. I, being				, am familiar with and accep	t the obligations of sect	ion 607.05				10/02)
Signature of Registered Agent						Date	12/05/03			CR2E081 (10/02
		RI	GISTERED AGENT I	MUST SIGN						č
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip	·		
PD	DONA	rud 1. Go	LOSTEN	SAME I	AS ABOVE	B	OCA RATON	h_3	3/82	-
					·	 	<u>·</u>			
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i 1										
this rein owed b	nstatement applicat by the corporation h	ion, the reason for diss ave been paid and the	olution has been elimi names of individuals li	ered to execute this application nated, the corporate name se sted on this form do not qual e same legal effect as if made	atisfies the requirements ify for an exemption und	of section	607.0401 or 617.0401, F.	S., that all	fees	
SIGNAT		URE AND TYPED OR PR	NIED NAME OF SIGNIN	G OFFICER OR DIRECTOR	1	2 0 5 Date	103 501Y Daytime Pho	17 D)-	7Y	