## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

Principal Place of Business 141 NE 3RD AVENUE 406 MIAMI, FL 33132 2. PiAnglad Place of Business Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State Country Zip Country Zip Country Zip Country Zip Country Se. Sasto 4. FEI Number 4. Peopled For 82-0576842 Applied For 88-0576842 Applied For 88-057	1. Entity Nam	MENT # P02000130 CONSULTING CORP.	)464				04-15-2005 9	00074 002 ***1	50.00
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4.06 M/MM, FL 33132  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State							100010	700	
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Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  Suite, Apt. 9, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  See. 75 Additional Fee Required	MIAMI, FL 3:	3132	MIAMI, FL 33132				II CEIM IITH EGNI CEM CAM	i ilaya kiki ayin diasa ami	BIRIERI II 1861
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Signature   Sign	City & State	P	City & State			A SELNum			
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Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   1	Zip	Country	Zip	Coun	try	5. Certificat	e of Status Desired		
CURIA, EMILIANO 2801 PONCE DE LEON STE 1280  MIAMI, FL 33124  8. The above name of Ontily submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Shader, load or period name(agen) ad agent and side if accided.  PUTE good after May 1, 2005 Fee will be \$550.00  PUTE good after Agent signature required when rematiscing)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PO	~	6. Name and Address of Current	Registered Agent	1.	į	7. Name an	d Address of New Re		
Street Address (P.O. Box Number is the Acceptable)  Addition Number is the Acceptable of Acceptable in the Acceptable of Acceptable in the Acc	OUD!A C	All LANC						290	
8. The above name of mity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Streams, lood or pirited name attention of agent and site if accelerate.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PD  MAME SIREET ADDRESS CITY-ST-2P  ITILE  Delete  ITILE  Delete  ITILE  Delete  ITILE  MAME SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  THANE SIREET ADDRESS CITY-ST-2P  Delete  ITILE  Delete  ITILE  MAME SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  ITILE  Delete  ITILE  MAME SIREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CHange  Addition	2801 PONCE DE LEON STE 1280				Street Ad	Idress (P.O. Box Numi	per is Not Acceptable	enve \$	406
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SIGNATURE Should be provided agent and title if applicable.    PILE NOWILL FEE IS \$150.00   S. Election. Campaign Financing   S5.00 May Bo-Added to Fees.   STREET ADDRESS   STR				City	Miami		FL Z	8132	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE PD			or the purpose of changing its	register	ed office or	registered agent, or b	oth, in the State of Flor	rida. I am familiar wi	th, and accept
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP								

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

SIGNATURE:

21/12/05.305.305

Daytine Phone