

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90210 010 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P02000134351 1. Entity Name WAR AND STEWARD CONSULTING, INC. | | | | | |
| Principal Place of Business C/O 1110 BRICKELL AVENUE PH-2 MIAMI, FL 33131 | | | Mailing Address C/O 1110 BRICKELL AVENUE PH-2 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 11040 S.W. 61ST TERR Suite, Apt. #, etc. | | 3. Mailing Address 11040 S.W. 61ST TERR Suite, Apt. #, etc. | | | |
| City & State MIAMI, FLORIDA Zip 33172 | | City & State MIAMI, FLORIDA Zip 33172 | | 4. FEI Number 82-0583478 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUERRA, JOSE C/O 1110 BRICKELL AVENUE PH-2 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name 11040 S.W. 61ST TERRACE Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL Zip Code 33172 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME GUERRA, JOSE <input type="checkbox"/> Delete STREET ADDRESS C/O 1110 BRICKELL AVENUE, PH-2 CITY-ST-ZIP MIAMI, FL 33131 | TITLE X Change <input type="checkbox"/> Addition NAME 11040 S.W. 61ST TERRACE STREET ADDRESS MIAMI, FLORIDA 33172 CITY-ST-ZIP | | | | |
| TITLE V <input type="checkbox"/> Delete NAME STEWART, JERRY STREET ADDRESS C/O 1110 BRICKELL AVENUE, PH-2 CITY-ST-ZIP MIAMI, FL 33131 | TITLE X Change <input type="checkbox"/> Addition NAME 5227 ALTON ROAD STREET ADDRESS MIAMI BEACH, FLORIDA 33140 CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 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: X <i>Jose D. Guerra, Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 04-26-05 305-613-3937 Date Daytime Phone # | | |

JOSE D. GUERRA, PRES.