2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Jun 28, 2006 8:00 am Secretary of State 06-28-2006 90002 027 ***550.00

Size Country Signature Size Country Size Country Size Country Size	1. Entity Name R.W. MONGOLE CONSULTING, INC			00-28-2000 90002 027 *** 330.00					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O6182006 Chg-P CR2E034 (11/05) City & State 4, FEI Number NOT APPLICABLE For NOT APPLICABLE Street Address of Current Registered Agent 7, Name and Address of New Registered Agent NONGOLE, RON TAGE SW 232-ST WHAMI, FL 33170 Suite, Apt. #, etc. O6182006 Chg-P CR2E034 (11/05) Applied FR Not Applied \$8,75 Additional Fee Required \$8,75 Additional Fee Required Fee Required To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Other Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable of registered agent. SIGNATURE FILE NOWIII FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MONGOUS MAME MIAMI, FL 33170 OFFICERS AND DIRECTORS ITILE MAME SIREEL NOWESS CITY-ST-ZIP ITILE MAME SIREEL NOWESS CITY-ST-ZIP OCHANGES CI	Principal Place of Business 17350SW 232-ST 953/NW 75 PO BOX 901774 70 MIAMI, FL 33170 SUITE 203 MIAMI, FL 33170 MIAMI, FL 33								
City & State Country City Country City Country City Cit	2. Principal Place of Business								
NOT APPLICABLE Not Applic	Suite, Apt. #, etc.		06	06192006 Chg-P CR2E034 (11/05)					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONGOLE, RON 17350 SW 232-9T MAMI, FL 33170 Sur FL 203 WI AMI, FL 33170 City FL Zip Code 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 acceptable of the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MONGOLE, RON SREET ADDRESS CITY-S1-ZIP MIAMI, FL 33170 Delate IIILE MAME SIREET ADDRESS CITY-S1-ZIP Delate SIREET ADDRESS CITY-S1-ZIP CATHOLICA SIGNATURE FOR Required Fee Required Fee Required For Required For Required For Required Fee Required For Name Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FEU Zip Code (NOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with,	City & State		4.					plied For t Applicable	
MONGOLE, RON 953/NU79-87 WHAMI, FL 33170 SUITE 203 WILLIAMI, FL 33172 City FL Zip Code 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 acceptable of the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and take if sophicable (HOTE Registered Agent signature required when sensitiving) Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	Zíp Country	Zip	Country	5.	Certificate of	f Status Desired			
City FL Zip Code 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 accepted agent and but of spoke a	6. Name and Address of Current Registered Agent			7.	Name and /	Address of New	Registered	Agent	
City FL Zip Code 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 accepted agent and but of spoke a	MONGOLE, RON 953/NW7-85- 17350 SW 232-87 SUITE 203								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted agent agent. Signature: Signature: Signature: Note: Registered agent and bits of applicable. (NOTE: Registered Agent signature required when: sensiting) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing	MIAMI, FC 33172		City					Zip Code	
TITLE	SIGNATURE Signature, typed or printed name of registered agent	9. Election Campa	aign Financing	\$5.00	May Be		DATE		
NAME MONGOLE, RON NAME STREET ADDRESS 17350-SW-232 ST STREET ADDRESS CITY-S1-ZIP MIAMI, FL 33170 CITY-S1-ZIP TITLE Delate ITILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	10. OFFICERS AND DIRECTORS 11.			А	ADDITIONS/0	CHANGES TO OF	FICERS AN	ND DIRECTORS	S IN 11
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the information supplied with the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with the information supplied wi	NAME STREET ADDRESS CHY-ST-ZIP		NAME Street address City-St-Zip						☐ Addition

Daytime Phone #