


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90050 043 ***150.00

DOCUMENT # P03000032248 1. Entity Name DCL CONSULTING, INC.					
Principal Place of Business 3509 NW 82ND AVE MIAMI, FL 33122			Mailing Address P.O. BOX 140179 GAINESVILLE, FL 32614-0179		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip			
Country		Country			
4. FEI Number 20-0028513					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BRASHEAR, BRUCE ESQ. 926 N.W. 13TH STREET GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name 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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	S DE LOS SANTOS, CARLOS OLGA COSS 263, 4 PISO, EDIF YAHT, YAHT IV PEURTO MADERO, BA, ARG, AR c1107cce		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S T D 629 Avenue Cordoba, 10th Floor Buenos Aires Argentina C1054AAF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JORGE O MORENO 584 11TH FLOOR BUENOS AIRES, ARGENTINA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D 629 Avenue Cordoba, 10th Floor Buenos Aires Argentina C1054AAF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01122007 Chg-P CR2E034 (12/06)

SIGNATURE:

CARLOS DE LOS SANTOS, President

1-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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 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.