

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044156

Entity Name: AHL CONSULTING, CORP

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

12320 SOUTHWEST 99TH AVENUE  
MIAMI, FL 33176 US

## New Principal Place of Business:

9525 SW 15TH ST  
MIAMI, FL 33174 US

## Current Mailing Address:

12320 SOUTHWEST 99TH AVENUE  
MIAMI, FL 33176 US

## New Mailing Address:

9525 SW 15TH ST  
MIAMI, FL 33174 US

FEI Number: 20-0854738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIMA, ANGELA F MRS.  
12320 SOUTHWEST 99TH AVENUE  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

LIMA, ANGELA F MRS.  
1553 MURCIA AVE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANGELA F LIMA

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIMA, ANGELA F  
Address: 12320 SOUTHWEST 99TH AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: LIMA, HECTOR M  
Address: 12320 SOUTHWEST 99TH AVENUE  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LIMA, ANGELA F  
Address: 1553 MURCIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: LIMA, HECTOR M  
Address: 1553 MURCIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR M LIMA

MR.

04/30/2006

Electronic Signature of Signing Officer or Director

Date