

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90315 028 \*\*\*150.00

<b>DOCUMENT # P03000062526</b> 1. Entity Name <b>CONSULTING &amp; PROFESSIONAL SERVICES, INC</b>					
Principal Place of Business <b>7225 NW 25TH STREET SUITE 300 MIAMI, FL 33122 US</b>			Mailing Address <b>P.O. BOX 522473 MIAMI, FL 33152 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>P.O. Box 522473</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 522473</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>04202004</b> Chg-P <b>CR2E034 (10/03)</b>	
Zip <b>33152</b>		Country <b>33152</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, RAUL</b> <b>7225 NW 25TH STREET</b> <b>STE 300</b> <b>MIAMI, FL 33122</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, RAUL</b> <b>7225 NW 25TH STREET STE 300</b> <b>MIAMI, FL 33122</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATCP</b> <b>TREJO ALBA</b> <b>P.O. Box 522473</b> <b>MIAMI, FL 33152</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREJO, ALBA</b> <b>7225 NW 25TH STREET STE 300</b> <b>MIAMI, FL 33122</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO P</b> <b>RODRIGUEZ, RAUL</b> <b>P.O. Box 522473</b> <b>MIAMI, FL 33152</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:			04/19/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		