2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079629

1. Entity Name

CONSULTING INTERNATIONAL INVESTMENTS BBD, INC.



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90455 007 ***150.00

| Principal | Place of | Business |
|-----------|----------|----------|

Mailing Address

499 E. PALMETTO PARK RD.. SUITE 207

499 E. PALMETTO PARK RD., SUITE 207

| BOCA RATON | , FL 33432 | 2 | BOCA RATO | ON, FL 33432 | | | | | 1 40 511 1 43 10 1 | | | |
|---|-----------------------------|--|-----------------------------|--|------------------------|-------------------|-------------------------------|-----------------------|----------------------------------|----------------|-------------|----|
| 2. Principal Pl | lace of Busin | ess | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. | #, etc. | | | 03032004 | Chg-P | CR2E | 034 (10/03) | | |
| City & State | e | | City & Stat | е | | | 4. FEI Number | 196920 | | <u> </u> | oplied For |] |
| Zip | | Country | Zip | | Country | | | f Status Desired | | \$8.75 Add | ditional | 1 |
| | 6. Name | and Address of Curren | t Registered Age | ent | | | 7. Name and A | ddress of New R | egistered | Agent | | 1 |
| | | | | • | N | ame | | | | | | 7 |
| MONIQUE TRONCONE, CPA P.A. 499 E. PALMETTO PARK RD SUITE 207 BOCA RATON, FL 33432 | | | Si | Street Address (P.O. Box Number is Not Acceptable) | | | | | | 1 | | |
| | ION, FL | 33432 | | | | | | | · | | | |
| | - 11 (1 mag | | | | | íty . | | | FL | | | |
| the obligation | named enter ons of regis | V submits this statement ered agent. | for the purpose of | changing its re | gistered o | ffice or regis | stered agent, or both | , in the State of Flo | rida. I am | familiar with, | and accept | |
| SIGNATURE_ | Signature, typed | or brinted name of registered ager | nt and title if applicable. | (NOTE: F | legistered Age | nt signature requ | ared when reinstating) | | DATE | | | |
| | | | | | | | | | | | | 1 |
| FILI After Ma | E NOW!!! ay 1, 200 | FEE IS \$150.00 4 Fee will be \$550 | | ction Campaigr st Fund Contrib | | | 55.00 May Be added to Fees | | | | | |
| 10.5 | • | OFFICERS ANI | D DIRECTORS | | 11, | | ADDITIONS/C | HANGES TO OFFI | CERS ANI | DIRECTOR | S IN 11 | 1 |
| TITLE " NAME | TD . | A. BEATRIZ | | Delete | TITLE NAME | | | | | ☐ Change | Addition | Ī |
| STREET ADDRESS CITY-ST-ZIP | 12950 NE | MIAMI CT. | | | STREET AD | | | | | | | |
| TITLE | P. WILAWII. | % · | · |] Delete | TITLE | ur | | | | ☐ Change | Addition | - |
| NAME | QUEBRA | DA HERIBERTO | | | NAME | | | | | <u> </u> | | |
| STREET ADDRESS | | LMÉTTO PARK RD | SUITE 207 | | STREET AD | | | | | | | |
| CITY-ST-ZIP | | TON, FL 33432 | | | CITY-ST-Z | TIP . | | | | | | |
| TITLE | V | | | Delete | TITLÉ | | | | | ☐ Change | ☐ Addition | |
| NAME | | A, JUAN DAVID LLMETTO PARK RD | CLUTE 207 | | NAME STREET AD | DDCCC | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | TON, FL 33432 | SUITE 201 | | STREET AD CITY-ST-2 | 3 | | , | | | | |
| TITLE | BOOKIO | | | Delete | TITLE | | | | | ☐ Change | Addition | - |
| NAME | | | _ | n pelere | NAME | | | | | | ☐ Addition | |
| STREET ADDRESS | | | | | STREET AD | DRESS | | | | | | |
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| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | STREET AD CITY-ST-2 | 1 | | | | | | |
| TITLE | | | Г | Delete | TITLE | | | | | ☐ Change | ☐ Addition | - |
| NAME | | | | T Delete | NAME | | | | | | T VOORIGIE | |
| STREET ADDRESS | | | | | STREET AD | DRESS | | | - | | | 20 |
| CITY - ST - ZIP | | | | | _CITY ST Z | IP | ar yan da sa | | - | • | | |

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.

| SIGN | ATI | JRE |
|------|-----|-----|
|------|-----|-----|

SIGNATURE AND TYPED OF PRINTED NAME OF STANING OFFICER OR DIRECT

04-23-04

305-790-7000

Date

Daytime Phone #