

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099555

FILED
Apr 30, 2005
Secretary of State

Entity Name: CONSORT INVESTMENTS CORP

Current Principal Place of Business:

6721 SW 69 TERRACE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6721 SW 69 TERRACE
MIAMI, FL 33143

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLGAR, SILVIA M
6721 SW 69 TERRACE
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FOLGAR, SILVIA
Address: 6721 SW 69 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: PECCI, VICTOR
Address: 6721 SW 69 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: DP () Delete
Name: DICHY, SAMIR
Address: 3700 ISLAND BLVD., #308
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDICOL REAL ESTATE, CORP.
Address: 2600 ISLAND BLVD STE 2205
City-St-Zip: AVENTURA, FL 33160

Title: D (X) Change () Addition
Name: RAIZ ENTERPRISES LLC,
Address: 6721 SW 69 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: CAPRI ENTERPRISES,
Address: 3700 ISLAND BLVD., #308
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SILVIA M FOLGAR

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date