


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000102461		
1. Entity Name CU CONSULTANTS, INC.		
Principal Place of Business 1111 BRICKEL BAY DRIVE, #503 MIAMI, FL 33131	Mailing Address 1111 BRICKEL BAY DRIVE, #503 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent URIBE, CARLOS ALFONSO 1111 BRICKEL BAY DRIVE, #503 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 (206) if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		04/28/06-80041-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST URIBE, CARLOS ALFONSO 1111 BRICKEL BAY DRIVE, #503 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 life empowered.		
SIGNATURE: <u>Carlos Alfonso Uribe</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>FEB-14-06</u> <small>Daytime Phone #</small>