2004 FOR PROFIT CORPORATION

May 07, 2004 8:00 am 🗼 🧦 ANNUAL REPORT 😁 🥕 Secretary of State **DOCUMENT # P03000112962** 04-19-2004 90417 003 ***150.00 ADVANCED IT CONSULTING, INC. Principal Place of Business Mailing Address 4490 S.W. 62ND COURT 4490 S.W. 62ND COURT 66419987 MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 Cho-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0379312 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent se and Address of Current Registered Agent WARWICK, BETSY Name Street Address (P.O. Box Number is Not Acceptable) 66 WEST FLAGLER STREET STE 300 MIAMI, FL 33130 City Zip Code 6. 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. Signature, typed or printed name of registered agent and title if applicable (NCTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition WARWICK, RICHARD C MAR. NAME STREET ADDRESS 4490 S.W. 62ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-7/P me Delete ☐ Change ☐ Addition NAME WARWICK, RICHARD C NAME STREET ADDRESS 4490 S.W. 62ND COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE Dolete TITLE ☐ Change ■ Addition NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 1m.e ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADENESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Delete TITLE ☐ Change Addition ... MALE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7/P CITY-S7-ZIP ITTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 or 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 fig. empowered.

ICHAD C. WHOULE

FILED