## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000125018**

1. Entity Name

THE J. SCOTT CONSULTING COMPANY



Principal Place of Business

3139 SW 141 AVE MIAMI, FL 33175 Mailing Address

3139 SW 141 AVE MIAMI, FL 33175

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90375 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1715440 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MINERVINO JR. 815 PONCE DE LEON BLVD SECOND FL CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

the above named entity southits this statement for the purpose of changing its registered onice of registered agent, or both, in the state of Florida. Tant familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AGUILERA, DEANNE 3139 SW 141 AVE MIAMI, FL 33175					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			1			

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 like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 (305)310-5187

Daytime Phone #