

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000148973

Entity Name: FDS CONSULTING, INC

FILED
Dec 15, 2005
Secretary of State

Current Principal Place of Business:

1450 MADRUGA AVE
306
CORAL GABLES, FL 33146

Current Mailing Address:

1450 MADRUGA AVE
306
CORAL GABLES, FL 33146

New Principal Place of Business:

1221 SW 27 TH AV
301
MIAMI, FL 33135

New Mailing Address:

1221 SW 27 TH AV
301
MIAMI, FL 33135

FEI Number: 06-1719287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MALBA
1450 MADRUGA AVE
STE. 306
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

GARCIA, MALBA
1221 SW 27 TH AV
301
MIAMI, FL 33135 US

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: MALBA GARCIA

12/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOCORRO, HENRY
Address: 1450 MADRUGA AVE., STE. 306
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SOCORRO, HENRY
Address: 1221 SW 27TH AV # 301
City-St-Zip: MIAMI, FL 33135

Title: P () Change (X) Addition
Name: SAFFE, FELIX D
Address: 1221 SW 27TH AV # 301
City-St-Zip: MIAMI, FL 33135

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: FELIX D. SAFFE

P

12/15/2005

Electronic Signature of Signing Officer or Director

Date