

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90043 018 ***150.00

DOCUMENT # P04000015519 1. Entity Name MANAGEMENT AND CONSULTANTS OF SOUTH FLA, INC.																																					
Principal Place of Business 5861 SW 12 ST MIAMI, FL 33144			Mailing Address 5861 SW 12 ST MIAMI, FL 33144																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address GRAND CANAL DR. Suite, Apt. #, etc.																																			
City & State Miami, Fla.		City & State Miami, Fla.		4. FEI Number 27-0078277 Applied For Not Applicable																																	
Zip 33144	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent PERERA, AISA 5861 SW 12 ST MIAMI, FL 33144			7. Name and Address of New Registered Agent Name AISA PERERA. Street Address (P.O. Box Number is Not Acceptable) GRAND CANAL DRIVE City Miami FL Zip 33144																																		
8. 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 PRESIDENT. DATE 3/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P PERERA, AISA 5861 SW 12 ST MIAMI, FL 33144 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERERA, AISA 5861 SW 12 ST MIAMI, FL 33144 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: PRESIDENT DATE 3/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

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