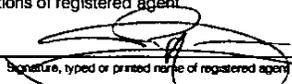
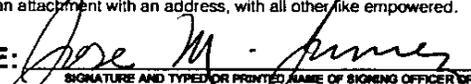


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015519 1. Entity Name MANAGEMENT AND CONSULTANTS OF SOUTH FLA, INC.			FILED 06 FEB -8 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5861 SW 12 ST MIAMI, FL 33144		Mailing Address GRAND CANAL DR MIAMI, FL 33144	
2. Principal Place of Business 4831 NW 72 Ave Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.		
City & State Miami FL	City & State		4. FEI Number 27-0078277
Zip 33166	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERERA, AISA GRAND CANAL DRIVE MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (NOTE: Registered Agent signature required when re-registering) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME PERERA, AISA	<input checked="" type="checkbox"/> Delete	TITLE President
STREET ADDRESS 5861 SW 12 ST	CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Add	NAME Jose M. Jimenez
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	STREET ADDRESS 4831 NW 72 Ave Miami FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	