

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015519

1. Entity Name  
MANAGEMENT AND CONSULTANTS OF SOUTH FLA,  
INC.



07 MAR 16 PM 2:19

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8450 GRAND CANAL DR  
MIAMI, FL 33144

Mailing Address  
8450 GRAND CANAL DR  
MIAMI, FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03152007 Chg-P CR2E034 (12/06)

4. FEI Number  
27-0076277

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, TAIMY  
8450 GRAND CANAL DR  
MIAMI, FL 33144

Name *Aisa Perera*  
Street Address (P.O. Box Number is Not Acceptable)  
*8450 Grand Canal Dr.*  
City *Miami* FL Zip Code *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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May be  
Added to Fees

510095894615

04/05/07--01036--021 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, TAIMY	
STREET ADDRESS	8450 GRAND CANAL DR	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aisa Perera	
STREET ADDRESS	8450 Grand Canal Dr.	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #