


# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90266 030 \*\*\*150.00

<b>DOCUMENT # P04000020896</b> 1. Entity Name <b>HISPANCONSULT INC.</b>			
Principal Place of Business <del>3850 HOLLYWOOD BLVD,</del> <del>SUITE 204</del> <del>HOLLYWOOD, FL 33021 US</del>		Mailing Address <del>3850 HOLLYWOOD BLVD,</del> <del>SUITE 204</del> <del>HOLLYWOOD, FL 33021 US</del>	
2. Principal Place of Business <b>18956 SW 33RD CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>18956 SW 33RD CT.</b> Suite, Apt. #, etc.	
City & State <b>MIRAMAR, FL 33029</b> Zip Country <b>USA</b>		City & State <b>MIRAMAR, FL</b> Zip Country <b>33029 USA</b>	
4. FEI Number <b>20-0689443</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CENTENO, FRANCISCO K</b> <del>3850 HOLLYWOOD BLVD,</del> <b>18956 SW 33RD CT.</b> <del>SUITE 204</del> <del>HOLLYWOOD, FL 33021</del> <b>MIRAMAR, FL 33029</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>CENTENO, FRANCISCO K</b> <del>6695 GERRANO TERRACE LN</del> <b>18956 SW 33 CT.</b> <del>HOUSTON, TX 77041</del> <b>MIRAMAR FL 33029</b>	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: <i>Francisco Centeno</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/07/2005 954-3194489 Date Daytime Phone #	