

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000040366

FILED
Dec 12, 2008
Secretary of State

Entity Name: FINANCIAL CONSULTING PROFESSIONALS, INC.

Current Principal Place of Business:

4700 SHERIDAN ST
HOLLYWOOD, FL 33180

New Principal Place of Business:

950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

4700 SHERIDAN ST
HOLLYWOOD, FL 33180

New Mailing Address:

950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FEI Number: 26-3849374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES INC
17888 67TH CT N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CFE,
Address: 3440 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCFO (X) Change () Addition
Name: CFE,
Address: 3440 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Change (X) Addition
Name: REYNAUD, DENISE
Address: 950 SOUTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CFE

PCFO

12/12/2008

Electronic Signature of Signing Officer or Director

Date