

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040366

FILED
Apr 27, 2009
Secretary of State

Entity Name: FINANCIAL CONSULTING PROFESSIONALS, INC.

Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Principal Place of Business:

5245 NW 195 TERRACE
MIAMI, FL 33055 US

Current Mailing Address:

950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

New Mailing Address:

5245 NW 195 TERRACE
MIAMI, FL 33055 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PINKNEY, CYNTHIA
Address: 5245 NW 195 TERRACE
City-St-Zip: MIAMI, FL 33055

Title: D (X) Change () Addition
Name: SMITH, MILTON
Address: 12 VALLEY CT
City-St-Zip: LITTLE ROCK, AR 72204 US

Title: P () Change (X) Addition
Name: TEG
Address: 2029 CENTURY PRK E
City-St-Zip: CENTURY CITY, CA 90067 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: TEG

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date