2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # P04000118198** 1. Entity Name 04-08-2005 90044 041 ***150.00 T G E CONSULTANTS, INC. Principal Place of Business Mailing Address 8220 SW 142 AVENUE 8220 SW 142 AVENUE MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 CR2E034 (10/03) 4. FEI Number 04-3810059 City & State City & State Applied For Not Applicable Zip Country Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUILLEN, ANTONIO SR Street Address (P.O. Box Number is Not Acceptable) 8220 SW 142 AVENUE MIAMI, FL 33183 City 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. Signisture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ח TITLE ☐ Delete TITLE Change ☐ Addition GUILLEN, ANTONIO SR NUME NAME STREET ADDRESS 8220 SW 142 AVENUE STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TM F Change ☐ Addition NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition HALF NALÆ STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP 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.

LEW TO SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED