

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000123523					
1. Entity Name S.A. CONSULTING SERVICES, INC.					
Principal Place of Business 9510 BISCAYNE BLVD MIAMI FL 33138			Mailing Address 9510 BISCAYNE BLVD MIAMI FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1541701	
6. Name and Address of Current Registered Agent ANNESE, SALVATORE D 9510 BISCAYNE BLVD MIAMI FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revoking) DATE _____					



1st MOORE CR2E034 (10/05)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Add
NAME	ANNESE, SALVATORE D			NAME			
STREET ADDRESS	9510 BISCAYNE BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Add
NAME	ANNESE, LAURIE			NAME			
STREET ADDRESS	9510 BISCAYNE BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE: *Salvatore D. Annese* **ANNESE, SALVATORE D.** **3/22/06** **305-525-707**