

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-28-2006 90108 049 ***150.00

DOCUMENT # P05000006786 1. Entity Name PRESS ON CONSULTANTS INC.																																																																																																																	
Principal Place of Business 16909 N BAY RD STE 402 SUNNY ISLES, FL 33160			Mailing Address 16909 N BAY RD STE 402 SUNNY ISLES, FL 33160																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		Zip																																																																																																													
Country		Country		02272006 Chg-P CR2E034 (11/05)																																																																																																													
4. FEI Number 20/2172602				Applied For ☐ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																													
B. Name and Address of Current Registered Agent ZAJAC, ALEJANDRO 3750 W FLAGLER ST MIAMI, FL 33134				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 reinstating)																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RABEY, FEDERICO B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16909 N BAY RD STE 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNNY ISLES, FL 33160</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WESSOLOWSKI, CINTIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16909 N BAY RD STE 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNNY ISLES, FL 33160</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	D	☐ Delete	NAME	RABEY, FEDERICO B		STREET ADDRESS	16909 N BAY RD STE 402		CITY-ST-ZIP	SUNNY ISLES, FL 33160		TITLE	D	☐ Delete	NAME	WESSOLOWSKI, CINTIA		STREET ADDRESS	16909 N BAY RD STE 402		CITY-ST-ZIP	SUNNY ISLES, FL 33160		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	☐ Delete																																																																																																															
NAME	RABEY, FEDERICO B																																																																																																																
STREET ADDRESS	16909 N BAY RD STE 402																																																																																																																
CITY-ST-ZIP	SUNNY ISLES, FL 33160																																																																																																																
TITLE	D	☐ Delete																																																																																																															
NAME	WESSOLOWSKI, CINTIA																																																																																																																
STREET ADDRESS	16909 N BAY RD STE 402																																																																																																																
CITY-ST-ZIP	SUNNY ISLES, FL 33160																																																																																																																
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		☐ Change ☐ Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>X</u> <u>02/28/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																	

66009464