

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047894

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: COALLA CONSULTING CORP.

## Current Principal Place of Business:

19945 SW 264TH STREET  
HOMESTEAD, FL 33031

## New Principal Place of Business:

## Current Mailing Address:

19945 SW 264TH STREET  
HOMESTEAD, FL 33031

## New Mailing Address:

FEI Number: 65-1246370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OPTIMUM TAX SERVICES, INC.  
3081 SW 156TH AVENUE  
MIAMI, FL 336185 US

## Name and Address of New Registered Agent:

VIGO & VIGO, LLP  
5805 BLUE LAGOON DRIVE  
300  
MIAMI, FL 33126 US

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: JORGE VIGO, CPA

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: COALLA, STEFANY  
Address: 19945 SW 264TH STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: VP/D ( ) Delete  
Name: COALLA, ERIC  
Address: 19945 SW 264TH STREET  
City-St-Zip: HOMESTEAD, FL 33031

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D ( ) Change (X) Addition  
Name: SANCLEMENTE, MARY  
Address: 19945 SW 264TH STREET  
City-St-Zip: HOMESTEAD, FL 33031

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: ERIC COALLA

VP/D

01/19/2009

Electronic Signature of Signing Officer or Director

Date