


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 017 ***150.00

DOCUMENT # P05000060312 1. Entity Name DBW CONSULTING CORPORATION					
Principal Place of Business 7184 SW 47 STREET MIAMI, FL 33155			Mailing Address 7184 SW 47 STREET MIAMI, FL 33155		
2. Principal Place of Business 12363 SW 132nd Court Suite, Apt. #, etc.			3. Mailing Address 12363 S.W. 132nd Court Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33186		Country U.S.A		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BRIZUELA, DANIEL 7184 SW 47 STREET MIAMI, FL 33155			
7. Name and Address of New Registered Agent Name Brizuela, Daniel Street Address (P.O. Box Number is Not Acceptable) 12363 SW 132nd Court City Miami FL Zip Code 33186					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOURNE, CHRISTOPHER 7184 SW 47 STREET MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELCH, DEREK 7184 SW 47 STREET MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-13-06 305-256-2900 <small>Daytime Phone #</small>		

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