

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094221

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: MP CONSULTING GROUP, INC.

**Current Principal Place of Business:**

1290 WESTON ROAD  
SUITE 306  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1525 BARCELONA WAY  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-3106274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS  
1290 WESTON ROAD  
SUITE 306  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LOZADA, ROGELIO  
Address: 1290 WESTON ROAD #306  
City-St-Zip: WESTON, FL 33326

Title: VTD ( ) Delete  
Name: MAYZ, ALICIA  
Address: 1290 WESTON ROAD #306  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGELIO LOZADA

PSD

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date