


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90068 041 \*\*\*150.00

<b>DOCUMENT # P05000094637</b> 1. Entity Name <b>FLORIDA GLOBAL CONSULTING INC.</b>																													
Principal Place of Business <b>12555 BISCAYNE BOULEVARD SUITE #700 NORTH MIAMI, FL 33181-2597</b>			Mailing Address <b>12555 BISCAYNE BOULEVARD SUITE #700 NORTH MIAMI, FL 33181-2597</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>11-3724860</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>GARCIA, ROBERTO 12555 BISCAYNE BOULEVARD SUITE #700 NORTH MIAMI, FL 33181-2597</b>			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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>D GARCIA,</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>GARCIA, ROBERTO</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>12555 BISCAYNE BOULEVARD SUITE #700 NORTH MIAMI, FL 331812597</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>D GARCIA,</b>		STREET ADDRESS	<b>GARCIA, ROBERTO</b>		CITY-ST-ZIP	<b>12555 BISCAYNE BOULEVARD SUITE #700 NORTH MIAMI, FL 331812597</b>		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%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>Director</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Garcia, Roberto</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>Director</b>		STREET ADDRESS	<b>Garcia, Roberto</b>		CITY-ST-ZIP		
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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 an officer like empowered.																													
SIGNATURE: <u><i>Roberto Garcia</i></u> <b>Roberto Garcia</b> <u>1/19/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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