


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000106818	
1. Entity Name PROCESS EXCELLENCE CONSULTING INC.	

Principal Place of Business 948 SW 136 PL MIAMI, FL 33184	Mailing Address 948 SW 136 PL MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3243738	Applied For <input 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 RODRIGUEZ, ERIKA 948 SW 136 PL MIAMI, FL 33184	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000830345 02/26/08-80079-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ANA 6420 SW 138 CT., UNIT 108 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, CESAR 948 SW 136 PL MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, ERIKA 948 SW 136 PL MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, DOUGLAS 948 SW 136 PL MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Erika Rodriguez* **2/14/08 305 551 0988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #