May 17 2007 10:21AM HP LASERJET FAX

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May 21, 2007 8:00 am
Secretary of State
05-21-2007 90055 008 ***163.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000119161

1. Entity Name
STANDARD CONSULTING INC.

40117093

Principal Place of Business	Mailing Address
3010 SW 132ND AVE. MIAMI, FL 33175	3010 SW 132ND AVE. MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1550 S.W. 149 Ave	1550 S.W. 149 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami FL	City & State: miami FL
Zip: 33194 Country: U.S.A.	Zip: 33194 Country: U.S.A.

05172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5565069 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, FRANCISCO
3010 SW 132ND AVE.
MIAMI, FL 33175

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: HERNANDEZ, FRANCISCO STREET ADDRESS: 3010 SW 132ND AVE. CITY-ST-ZIP: MIAMI, FL 33175 Change of Address	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: NAME: Hernandez, Francisco STREET ADDRESS: 1550 S.W. 149 Ave CITY-ST-ZIP: miami FL. 33194	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: [signature] 5-18-07 786-443-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #