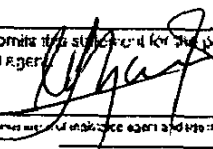
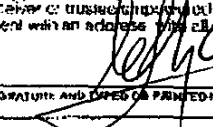


ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

04-16-2008 90028 013 ***150.00

DOCUMENT # P07000027277 1. Entity Name CONSULTING TO MANAGEMENT CORP.					
Principal Place of Business 9103 NW 105TH CIRCL F MEDLEY, FL 33178			Mailing Address 9103 NW 105TH CIRCLE MEDLEY, FL 33178		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
4. FEI Number 20-8548181			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional For Required			07/15/2008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent RAMIREZ, ALFREDO J 16500 GOLF CLUB ROAD 211 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 		
FILE NOW!!! FEE IS \$160.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	P RAMIREZ, ALFREDO J 16500 GOLF CLUB ROAD WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this 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 thereof and to execute this report as required by Chapter 507, Florida Statutes and that my name appears in Block 10 or Block 11 if change, or if not different with an address, title or office like appointment.					
SIGNATURE: 					
SIGNATURE AND DATES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					