


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 033 \*\*\*150.00

<b>DOCUMENT # P07000030121</b> 1. Entity Name <b>CONSULTEC INTERNATIONAL, INC.</b>					
Principal Place of Business <b>2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133</b>			Mailing Address <b>2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133</b>		
2. Principal Place of Business - No P.O. Box # <b>2340 S. Dixie Highway</b>		3. Mailing Address <b>same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FLORIDA</b>		City & State 			
Zip <b>33133</b>		Country <b>U.S.A.</b>		Zip 	
Country 		Country 			
4. FEI Number <b>98-0527944</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>DURAN, ALFREDO G 2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>ALFREDO G. DURAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2340 S. Dixie Highway</b> City <b>MIAMI</b> FL <b>33133</b>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After Feb 1, 2008 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees            Trust Fund Contribution <input type="checkbox"/> </div> </div>					
<b>10. OFFICERS AND DIRECTORS.</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ACOSTA, ARMANDO AVE. PRINCIPAL SANTA FE SUR #4 CARACAS, VENEZUELA,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: ARAcosta</b> <b>ARMANDO ACOSTA PRESIDENT</b> <b>3/10/08</b> <b>Box 889-2696</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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