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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 11: 52

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000030121

1. Entity Name

CONSULTEC INTERNATIONAL, INC.

AMENDMENT

Principal Place of Business	Mailing Address
8533 NW 115th Ct. Doral, FLorida 33178	SAME

[redacted]

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8533 NW 115th Ct.	SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Doral, Florida	City & State
Zip: 33178 Country: USA	Zip Country

4. FEI Number: 98-0527944 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2340 SO. DIXIE HIGHWAY
MIAMI, FL 33133

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

1000 1150

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00 | 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir/Pres Acosta, Armando Ave.Principal, Santa Fe Sur#4 Caracas, Venezuela ☐ 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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

B 4/24/08

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: X [signature] Pres/Dir Armando Acosta 4/9/08 (305) 883-8775

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