

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064179

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** TOUSSAINT CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33138

**New Principal Place of Business:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33137

**Current Mailing Address:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33138

**New Mailing Address:**

5650 NE 2ND AVE  
SUITE C  
MIAMI, FL 33137

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TOUSSAINT, ELISSON  
6219 NE 1ST AVENUE  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOUSSAINT, ELISSON  
Address: 6219 NE 1ST AVENUE  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: TOUSSAINT, ELISSON  
Address: 6219 NE 1ST AVENUE  
City-St-Zip: MIAMI, FL 33138 US

Title: VICE ( ) Change (X) Addition  
Name: TOUSSAINT, RAYNOLD J  
Address: 6219 NE 1ST AVE  
City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYNOLD J TOUSSAINT

VICE

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date