

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092867

FILED
Mar 26, 2009
Secretary of State

Entity Name: ADVISIA MANAGEMENT CONSULTING CORPORATION

Current Principal Place of Business:

225 29 ALCAZAR AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

225 29 ALCAZAR AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-3613437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVEKOT CORPORATION
8671 NW 56TH STREET
DORAL, FL 33166 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: PD () Delete
Name: MAAL, MIGUEL
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

Title: VPS () Delete
Name: MAAL, MIGUEL
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

Title: VPD () Delete
Name: FERNANDES, MARCIO
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

Title: TS () Delete
Name: FERNANDES, MARCIO
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

Title: D () Delete
Name: LAUDARES, ALESSANDRO
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

Title: D () Delete
Name: NOVAES, LUIZ
Address: 8671 NW 56TH STREET SUITE B10
City-St-Zip: DORAL, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUEL MAAL

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date