
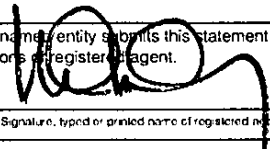
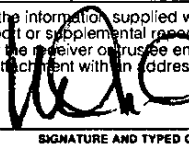


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90213 015 \*\*\*150.00

<b>DOCUMENT # P93000067175</b> 1. Entity Name <b>EXECUTIVE MANAGEMENT &amp; CONSULTANT SERVICES, INC.</b>					
Principal Place of Business <b>8737 SW 72ND STREET</b> <b>MIAMI, FL 33173 US</b>			Mailing Address <b>8737 SW 72ND STREET</b> <b>MIAMI, FL 33173 US</b>		
2. Principal Place of Business <b>1721 SW 151st ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 941408</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>		4. FEI Number <b>65-0439062</b>	
Zip <b>33185</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALVAREZ, MANUEL N</b> <b>8737 SW 72ND STREET</b> <b>MIAMI, FL 33173</b>			7. Name and Address of New Registered Agent Name <b>MANUEL N. ALVAREZ</b> Street Address (P.O. Box Number is Not Accepted) <b>1721 SW 151st ROAD</b> City <b>MIAMI</b> FL <b>33185</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  <b>MANUEL N. ALVAREZ</b> DATE <b>4/25/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALVAREZ, MANUEL N</b> <b>8737 SW 72ND STREET</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALVAREZ, MANUEL N.</b> <b>1721 SW 151st ROAD</b> <b>MIAMI, FL 33185</b>	<input checked="" 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>MANUEL N. ALVAREZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/2005 305485-0324</b> <small>Daytime Phone #</small>		