2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90116 013 ***150.00

| DOCUMENT # P93000069170 1. Entity Name CONSOLIDATED RESEARCH AND PLANNING CORPORATION | | | | | | | | | 05-03-2005 | 901160 | 13 ***15 | 0.00 | |
|---|---|---|---------------|--------------------------|-----------|--|----------------------------------|-------------------------|-----------------------------|----------------|--|--------------|--|
| Principal Place of Business Mailing Address | | | | | | | | - | - | | | | |
| 6796 SW 62ND AVE | | | | 6796 SW 62ND AVE | | | | | | | | | |
| SOUTH MIAMI, FL 33143 US | | | | SOUTH MIAMI, FL 33143 US | | | | | | | | | |
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| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | |
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| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04282005 | Chg-P | CR2E03 | 34 (10/03) | | |
| City & State | | | | City & State | | | | 4. FEI Numb | er | | TAn | plied For | |
| | | | | 5.7.5.5.5.5 | | | | 65-044 | | | | t Applicable | |
| Zip | Zip Country | | | Zip Cour | | itry | | E Contitue | of Chatter Desired | | \$8.75 Add | litional | |
| <u> </u> | | | | | | | 5. Certificate of Status Desired | | | | Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and | Address of New R | egistered A | gent | | |
| | | | | | | | | | | | | | |
| MILLER, MICHAEL 6796 SW 62ND AVE | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| SOUTH MIAMI, FL 33143 | | | | | | and the design of the second o | | | | | | | |
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| | | | | | | City | | | | FL | Zip Code | e | |
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| | named entiti ions of regist | | ent for the p | ourpose of changing its | registere | ed office or | register | ed agent, or bo | oth, in the State of Flo | orida. I am f | amiliar with, | and accept | |
| the obligati | ions or regist | tered agern. | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | | | icing | | 00 May Be ad to Fees | | | | | |
| 10. | | OFFICERS A | AND DIREC | IRECTORS 11. | | | | ADDITIONS | /CHANGES TO OFF | ICERS AND | DIRECTORS | S IN 11 | |
| TITLE | P Delete | | | | | | y-P | 11 amil | ed . | | Change | Addition | |
| NAME | | MICHAEL | | | NAM | | Jacan | 6 SW61 | ,au | | | / | |
| STREET ADDRESS | l | V 45TH ST | | | | ET ADDRESS | 677 | 6300 | 2 2 1/17 | | | | |
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| 12. I hereby certify that the information supplied with this fifing 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 of 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. | | | | | | | | | | | | | |
| indicated of the co | certify that th I on this repo regretion or t | ie information supplied ort or supplemental rep the receiver or trustee | ort is true : | and accurate and that r | ny signa | impilon sta ture shall h | ave the | same legal effe | ct as if made under | oath; that I a | ify that the ir im an officer | or director | |

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OPEN OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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