

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036708

1. Entity Name
DLE CONSULTING GROUP, INC.



FILED
Sep 23, 2008 08:00 AM
Secretary of State

Principal Place of Business
14842 ROBINSON ST
MIAMI, FL 33176 US

Mailing Address
14842 ROBINSON ST
MIAMI, FL 33176 US



09092008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0493972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, MARVIN D SR.
17033 SOUTH DIXIE HIGHWAY
SUITE C
VILLAGE OF PALMETTO BAY, FL 33157

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BULLARD, DWIGHT	
STREET ADDRESS	14842 ROBINSON STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BULLARD, LARCENIA J	
STREET ADDRESS	14842 ROBINSON ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BULLARD, EDWARD B	
STREET ADDRESS	14842 ROBINSON STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROOKER, VINCENT	
STREET ADDRESS	14842 ROBINSON ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILES, VIOLET	
STREET ADDRESS	14510 SW 106TH CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, EDWINA	
STREET ADDRESS	14842 ROBINSON ST	
CITY-ST-ZIP	MIAMI, FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-08 305 525 8487

Date

Daytime Phone #