2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003
Secretary of State

DOCUMENT# P95000090380

Entity Name: SA CONSULTING, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD. #620
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2121 PONCE DE LEON BLVD. #910
CORAL GABLES, FL 33134 US

Current Mailing Address:

2121 PONCE DE LEON BLVD. #620
CORAL GABLES, FL 33134 US

New Mailing Address:

2121 PONCE DE LEON BLVD. #910
CORAL GABLES, FL 33134 US

FEI Number: 65-0645936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SILVA, SERGIO
2121 PONCE DE LEON BLVD., STE. 620
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SILVA, SERGIO
2121 PONCE DE LEON BLVD., STE. 910
CORAL GABLES, FL 33134 US

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: _____ 08/29/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOTTA, OMAR
Address: 2121 PONCE DE LEON BLVD., #620
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: GOMEZ, JUAN
Address: 2121 PONCE DE LEON BLVD. #620
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: SILVA, SERGIO E
Address: 2121 PONCE DE LEON BLVD., #620
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GOMEZ, JUAN N
Address: 2121 PONCE DE LEON BLVD., #910
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: SILVA, SERGIO E
Address: 2121 PONCE DE LEON BLVD. #910
City-St-Zip: CORAL GABLES, FL 33134

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SERGIO SILVA D 08/29/2003
Electronic Signature of Signing Officer or Director — Date