May 01, 2003 8:00 am Secretary of State

05-01-2003 90191 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000093408

1. Entity Name

PROJECT DEVELOPMENT CONSULTANTS, INC.

	,	/		7		
Principal Place of Business 9553 HARDING AVE 205 SURFSIDE FL 33154		Mailing Address 3247 NE 168TH ST MIAMI FL 33160			! ##	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. 307		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0727992 Applied Fo Not Applied		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
BALLESTEROS, CHRISTIAN			Name	Tage day to the control of the con		
	168TH STREET		Street Address	s (P.O. Box Number is Not Acceptable)		
	NAMI BEACH FL 33160					
			City	FL Zip Code		
		r the purpose of changing it	s registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept	
the obligat	ions of registered agent.					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title it applicable. (NO	TE: Registered Agent signature requi	sired when reinstating) DATE	. !	
6	ILE NOW!!! FEE IS \$150.00					
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	□ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME STREET ADDRESS	BALLESTEROS, CHRISTIAN 3247 NE 168TH STREET		NAME STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	•	CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME	BALLESTEROS, HERMANN		NAME	·		
STREET ADDRESS CITY-ST-ZIP	3247 NE 168TH STREET NORTH MIAMI BEACH FL 33160		STREET ADDRESS CITY-ST-ZIP		Ì	
TITLE	VPT	Delete	TITLE	☐ Change ☐ Ado	dition	
NAME	BALLESTEROS, PATRICIA		NAME			
STREET ADDRESS CITY-ST-ZIP	3247 NE 168TH STREET NORTH MIAMI BEACH FL 33160		STREET ADDRESS CITY-ST-ZIP			
TITLE	NURTH MIAMI DEACH FL 33 100	□ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME			NAME]	
STREET ADDRESS			STREET ADDRESS)	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE Name		☐ Delete	TITLE NAME	☐ Change ☐ Ado	ן מטוונט 	
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME			NAME		- 1	
STREET ADDRESS			STREET ADDRESS		-	

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: