

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 006 ***150.00

DOCUMENT # P97000060462

1. Entity Name
WESTERN CONSULTING, INC.



Principal Place of Business
**4801 S. UNIVERSITY DR
STE 3000
DAVIE, FL 33328 US**

Mailing Address
**4801 S. UNIVERSITY DR
STE 3000
DAVIE, FL 33328 US**

50002271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 3090

Suite, Apt. #, etc.
SUITE 3090

03012006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0768496

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE
SUITE 3000
DAVIE, FL 33328**

Name
ACCUPAY SERVICES CORP
Street Address (P.O. Box Number is Not Acceptable)
**4801 S. UNIVERSITY DR
SUITE 3090**
City **DAVIE** FL Zip Code **33328**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WHITING, ROBERT T**
STREET ADDRESS **4801 S. UNIVERSITY DR., SUITE 3000**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☒ Change ☐ Addition
NAME **SUITE 3090**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPTS** ☐ Delete
NAME **RODRIGUEZ, MIGUEL J**
STREET ADDRESS **4801 S UNIVERSITY DRIVE, STE 3000**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☒ Change ☐ Addition
NAME **SUITE 3090**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/9/06