

APPROVED
AND
FILED

03 JUL 17 PM 6:25

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063513

1. Entity Name
CONSULTANT GROUP INTERNATIONAL CO.

Principal Place of Business
13499 BISCAYNE BLVE
#1203
N MIAMI, FL 33181 US

Mailing Address
13499 BISCAYNE BLVD
#1203
NORTH MIAMI, FL 33181

2. Principal Place of Business
1958 N.E 149 ST
Suite, Apt. #, etc.
NORTH MIAMI BEACH
City & State
FL

3. Mailing Address
1958 N.E 149 ST
Suite, Apt. #, etc.
NORTH MIAMI BEACH
City & State
FL

4. FEI Number
65-0778257

Applied For
NOT APPLICABLE

5. Certificate of Status Desired \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, MIGUEL A
13499 BISCAYNE BLVD
#1203
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent
Name GARCIA, MIGUEL A.
Street Address (P.O. Box Number is Not Acceptable)
1824 BRICKELL AVE. 4C
City MIAMI FL Zip Code 33129

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 perforations of registered agent.

SIGNATURE *[Signature]* DATE 7/2/03

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 NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete D. GARCIA, MIGUEL A 13499 BISCAYNE BLVD, #1203 NORTH MIAMI, FL 33181 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President GARCIA MIGUEL A. 1824 BRICKELL AVE. 4C MIAMI, FL 33129 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE-PRESIDENT EUGENIO RIVERA 2750 NE 183 ST, APT #1003 WENTWORTH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 registered agent authorized in accordance with the provisions required by Chapter 407, 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]* Resident. 305-898-5662

GARCIA, Miguel A.