## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000098668

1. Entity Name

THE CONSULTING GROUP OF SOUTH FLORIDA, INC.



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

8235 SW 60 CT MIAMI, FL 33143 Mailing Address

8235 SW 60 CT MIAMI, FL 33143



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0794734

Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANGIERO, DAVID 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

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							9,3,1 -
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	listered office or r	egistered agent, or bo	oth, in the State of Florida.	t am familiar with	h, and acc
SIGNATURE_	Signature, typed or printed harns of registered agent and title in	fapplicable. (NOTE: Re	gistered Agent signatur	veding seven telus peanines	<del> </del>	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	1/00000383604 01/13/06-80007-023 150:00		 100
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·			<del>15</del> ″;″ •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, DIANA M 8235 SW 60 CT SOUTH MIAMI, FL	• 20	- 1.2	70 - 110 - 11 <u>12 1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	<u>-</u> .
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TITLE NAME STREET ADDRESS GUY-ST-ZIP			<i>े व</i> ह	· · · · · · · · · · · · · · · · · · ·			
12. I hereby i	certify that the information supplied with this for on this report or supplemental report is true a	iling does not qualify for the	ne exemptions co	ntained in Chapter 11	9, Florida Statutes, I furth	er certify that the	 ∍ informati er or direc

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

WING OFFICER OR DIRECTOR

119,00

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