2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000023968

1. Entity Name

2ND FLOOR

MIAMI, FL 33135

SIGNATURE

Principal Place of Business

1901 SOUTHWEST 1ST STREET

ROIG MANAGEMENT CONSULTANTS, INC.



Mailing Address

1901 SOUTHWEST 1ST STREET 2ND FLOOR

MIAMI, FL 33135

FILED Feb 25, 2008 08:00 Al Secretary of State



01222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0821204 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

.. 6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROIG, JOSE M 1901 SOUTHWEST 1ST STREET 2ND FLOOR MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

2-19-2008 (786)

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROIG, JOSE M 1901 SOUTHWEST 1ST STREET MIAMI, FL 33135				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000837024 03/04/08-80040-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS City-St-Zip	·			IN ¹	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE 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 by the received by truline 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.					

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR