


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90074 016 ***150.00

DOCUMENT # P98000025308 1. Entity Name CONSULTING GROUP OF APA, INC.	
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Principal Place of Business 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134	Mailing Address 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0829098	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. ATTENTION: MARTIN J. GENAUER 2 ALHAMBRA PLAZA - SUITE 1202 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOYA, FRANK MD 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MOYA, ELIZABETH 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LICHTIGER, MONTE MD 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WITHERSPOON, GENE 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCNULTY, JOAN 1320 S. DIXIE HWY., SUITE 1060 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 file 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 information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 305-666-3002
Date Daytime Phone #