

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000025308**

1. Entity Name  
**CONSULTING GROUP OF APA, INC.**



Principal Place of Business  
**2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134**

Mailing Address  
**2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES, FL 33134**



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0829098**

Applied For  
Not Applicable

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

**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**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOYA, FRANK MD
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 1060
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	VT
NAME	MOYA, ELIZABETH
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 1060
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	V
NAME	LICHTIGER, MONTE MD
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 1060
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	V
NAME	WITHERSPOON, GENE
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 1060
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	MCNULTY, JOAN
STREET ADDRESS	1320 S. DIXIE HWY., SUITE 1060
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000259767  
03/11/05-80037-015 150.00

**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 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 #

425105 (305) 666-3002