2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P98000081820

1. Entity Name

CONSOL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3810 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	~~9010 SW 127 AVENUE~~ ~~NO 110~~ ~~MIAMI FL 33186~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address 3810 Hollywood Blvd	4. FEI Number 65-0868252	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State Hollywood Fl.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip	Country	Zip 33021	Country USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLIS, LAURA 3725 S. OCEAN DR., STE. 1501 HOLLYWOOD FL 33019	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

LAURA SOLIS   4/30/03

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P SOLIS, LAURA 3725 S. OCEAN DR., STE. 1501 HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JARAMILLO, JORGE H 615 CASCADE FALL DR WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: X SIGNATURE REQUIRED Laura Solis   4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #