2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092347

FILED Jan 04, 2006 Secretary of State

Entity Nan	ne: CSICONS	ULTING, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 800	NCIAL PLAZA-1 DERDALE, FL	00 S.E. 3RD AVENUE 33394					
Current Mailing Address:				New Mailing Address:			
SUITE 800	NCIAL PLAZA-1 DERDALE, FL	00 S.E. 3RD AVENUE 33394					
FEI Number: 65-0906917		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Statu	us Desired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1909 TYLÉI WACHOVI	BARRY S ESQ R STREET A CENTER-PEI OD, FL 33020	NTHOUSE					
The above in the State		ıbmits this statement for the pu	urpose of	changing it	s registered	d office or registered	l agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ADAMS, JAMES	Delete PLAZA-100 S.E. 3RD AVE.#800 ALE, FL 33394		Title: Name: Address: City-St-Zip:	ADAMS, JAN ONE FINANC	(X) Change () Addition MES R CIAL PLAZA-100 S.E. 3F DERDALE, FL 33394	
Title: Name: Address: City-St-Zip:	DELGADO, LEO	Delete PLAZA-100 S.E. 3RD AVE.#800 ALE, FL 33394		Title: Name: Address: City-St-Zip:	DELGADO, I ONE FINANC	(X) Change () Addition LEONARDO J CIAL PLAZA-100 S.E. 3F DERDALE, FL 33394	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN ALPERT **VSTD** 01/04/2006

() Delete

FORT LAUDERDALE, FL 33394

ONE FINANCIAL PLAZA-100 S.E. 3RD AVE.#800

VSTD

ALPERT, STEVEN

Title:

Name:

Address:

City-St-Zip:

() Change () Addition