2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 8:00 am Secretary of State

DOCUMENT # P9900006112			02-16-2006 90040 011 ***150.00
CONSOLIDATED INVESTME	NTS OF MIAMI, INC.)
Principal Place of Business	Mailing Address		· ;
-13800 SW 8TH ST	12000 CW OTH CT		
#199 MIAMI, FL - 55784	MIAMI EL 22184		A INCHINENT ING TRING TOTAL GETTY BOTTO BOTTO BOTTO BOTTO BOTTO BOTTO FIRED FIRED FIRED TO THE FOREST IN THE F
2. Principal Place of Business 8597 Cora / Wa	3. Mailing Address 9 8567 CORA	L WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 36/		02062006 Chg-P CR2E034 (11/05)
City & State Miami F/	City & State	EL	4. FEI Number Applied For 65-0895062 Not Applicable
Zip Country	Zip 33155	Country	5 Certificate of Status Desired \$8.75 Additional
33/55 6. Name and Address of	f Current Registered Agent	···	7. Name and Address of New Registered Agent
	<u> </u>	Name	
COLLADO, SILVIA 13800 SW 8TH-SI.	N and P	Street Address	(P.O. Box Number is Not Acceptable)
#188 MIAMI, EL _33184		# 361	, way
	1	City M 101	mi FL Zip Code 3255
8. The above named entity supprits 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 9/6/00			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
· · · · · · · · · · · · · · · · · · ·	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME COLLADO, SILVIA	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS 18800 SW STIFFST		STREET ADDRESS 6-3	TOT coval way # 3u/
CITY-ST-ZIP -MIAMI, FL 33484	По	1	iomi F1 33155
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STREET ADDRESS		STREET ADDRESS	
12. Thereby certify that the information sur	noting with this filling does not qualify for	CITY-ST-ZIP	and in Chanter 110. Florida Statutas 1 further partitudes the information
12. I hereby certify that the information supplied with this filling 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 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 OF	RDIRECTOR	Date Daytime Phone #