

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000047934 1. Entity Name SOCOL CONSULTING GROUP, INC.	
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Principal Place of Business 11 TAHITI BEACH RD. MIAMI, FL 33143	Mailing Address 11 TAHITI BEACH RD. MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

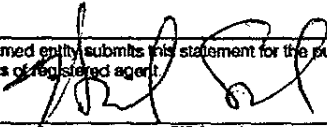
4. FEI Number 65-0922514	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREIER, ROBERT G
2800 PONCE DE LEON BLVD, SUITE 1125
CORAL GABLES, FL 33146

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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  DATE _____

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

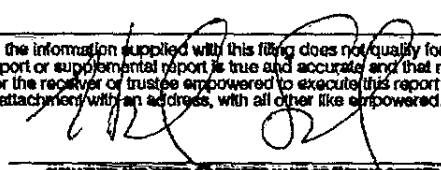
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCOL, HOWARD 2800 PONCE DE LEON BLVD, SUITE 1125 CORAL GABLES, FL 33146
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02/02/05-80013-016 158.75

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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)(f), 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:  1-27-5

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