

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000047931

1. Entity Name
SOCOL CONSULTING GROUP, INC.



Principal Place of Business

**11 TAHIT BEACH RD.
MIAMI, FL 33143**

Mailing Address

**11 TAHIT BEACH RD.
MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0922514

Applied
Not App

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**

**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
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000427845
02/21/06-80023-021 158.75**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SOCOL, HOWARD**
STREET ADDRESS **2800 PONCE DE LEON BLVD, SUITE 1125**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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, 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

2-1-6 305-665-9721

Date

Daytime Phone #