


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90057 022 ***150.00

DOCUMENT # P99000049242			
1. Entity Name FRONTIER CONSULTING GROUP, INC.			
Principal Place of Business GONZALO GIL 2588 SW 27 AVE MIAMI, FL 33133 US		Mailing Address GONZALO GIL 2588 SW 27 AVE MIAMI, FL 33133 US	
2. Principal Place of Business 1221 Brickell Ave. Suite, Apt. #, etc. 1740 City & State Miami, FL Zip 33131 Country US		3. Mailing Address 2121 Ponce de Leon Suite, Apt. #, etc. 1050 City & State Coral Gables, FL Zip 33134 Country US	
4. FEI Number 65-0924259		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSULTING SERVICES OF ASOUTH FLORIDA 2588 SW 27 AVE MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Consulting Services of South Florida Street Address P.O. Box Number is Not Acceptable 2121 Ponce de Leon Suite 1050 City Coral Gables FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GIL, GONZALO 2588 SW 27 AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03-21-05 305-533-1545 Date Daytime Phone #	

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