

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000049242**

1. Entity Name  
**FRONTIER CONSULTING GROUP, INC.**



Principal Place of Business  
**701 BRICKELL AVE  
2550  
MIAMI, FL 33131 US**

Mailing Address  
**2121 PONCE DE LEON  
STE 1050  
CORAL GABLES, FL 33134 US**



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0924259</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CONSULTING SERVICES OF ASOUTH FLORIDA  
2121 PONCE DE LEON  
STE 1050  
CORAL GABLES, FL 33134**

**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 accept 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GIL, GONZALO
STREET ADDRESS	701 BRICKELL AVE 2550
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80013-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if 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

03.03.08 305-533-1544

Date

Daytime Phone #