2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P99000057482 1. Entity Name 05-02-2005 90390 042 \*\*\*150.00 WARREN MANAGEMENT CONSULTING, INC Principal Place of Business Mailing Address 18531 SW 92 PL MIAMI FL 33157 18531 SW 92 PL MIAMI FL 33157 14012576 2. Principal Place of Business 18531 SW 93 PL. Suite, Apt. #, etc. 3. Mailing Address 18531 SW 927L 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0937881 MIAMI Not Applicable Opuntry Zip Country \$8.75 Additional 5. Certificate of Status Desired くりりんら adie Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 18531 SW 92 PL **MIAMI FL 33157** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TIT1 F ■ Addition Change WARREN, GEORGE A NAME NAME 8041 SW 89TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP SECRETARY, TREASURE SECIZETAILY, TIZIETSURE ☐ Change TITLE ☐ Delete TITLE **Addition** NAME MARINUN IDUBE NAME אוזינואא אטעוב STREET ADORESS STREET ADDRESS 18531 SW 92 PL. Micros Fl 38157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 embowered 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.

**FILED**