



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90062 046 \*\*\*150.00

<b>DOCUMENT # P99000057482</b> 1. Entity Name WARREN MANAGEMENT CONSULTING, INC																													
Principal Place of Business 18531 SW 92 PL MIAMI, FL 33157			Mailing Address 18531 SW 92 PL MIAMI, FL 33157																										
2. Principal Place of Business - No P.O. Box # 18531 SW 92 PL		3. Mailing Address 18531 SW 92 PL																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Miami, FL		City & State Miami, FL																											
Zip 33157		Country DADE		4. FEI Number 65-0937881																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent  WARREN, GEORGE A 18531 SW 92 PL MIAMI, FL 33157			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																										
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: <u>George A Warren</u> <span style="float: right;">4/3/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WARREN, GEORGE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8041 SW 89TH TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33156</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">ST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUBE, MARILYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18531 SW 92 PL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33157</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	WARREN, GEORGE A		STREET ADDRESS	8041 SW 89TH TERRACE		CITY - ST - ZIP	MIAMI, FL 33156		TITLE	ST	<input type="checkbox"/> Delete	NAME	DUBE, MARILYN		STREET ADDRESS	18531 SW 92 PL		CITY - ST - ZIP	MIAMI, FL 33157	
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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 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>George A Warren</u> <span style="float: right;">4/3/07 786-293-6726</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													