2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000075400 01-09-2006 90038 021 ***150.00 BUSINESS SUPPORT & CONSULTING GROUP, INC. Principal Place of Business Mailing Address 7758 NW 44TH STREET 7758 NW 44TH STREET SUNRISE, FL 33351 SUNRISE, FL 33351 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 65-0941118 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PESTANO: ANTOLIN: JR. Street Address (P.O. Box Number is Not Acceptable) 7758 NW 44TH STREET SUNRISE, FL 33351 Zip Code <u>**33**</u>355 | SUN YISE 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 SIGNATURE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1/2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Detete TITLE TITLE Pestavo, Yverre 7758 Nuo 44 ST NAME PESTANO, ANTOLIN JR. NAME 7758 NW 44TH STREET STREET ADDRESS STREET ADDRESS 3335 CITY-ST-7IP SUNG Se CITY-ST-ZIP SUNRISE, FL 33351 **D** Addition ☐ Change ☐ Delete TITLE TITLE MARTINEZ, 65 Gselle NAME PESTANO, YVETTE NAME STREET ADDRESS 7758 NW 44 ST STREET ADDRESS 3335) CITY-ST-ZIP Sunrise Fr CITY-ST-ZIP SUNRISE, FL 33351 Addition Delete TITLE Change TITLE MARIN BUDICA NAME NAME 77 58 NW 44 57 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNVISE 3335 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

r like empowered.

SIGNATURE:

FILED Jan 09, 2006 8:00 am

VILETTE PETTONO 14/08 (954)578-0016