2006 FOR PROFIT CORPOHATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # V18067 **Secretary of State** 1. Entity Name LEGAL SERVICES CONSULTING, INC. Principal Place of Business Mailing Address 1140 HOLLYWOOD BLVD, HOLLYWOOD FL 33019-1502 1140 HOLLYWOOD BLVD. HOLLYWOOD FL 33019-1502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 65-0316850 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIDER-MYERS, ANDREA G 1140 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 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. (am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstatung) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RITLE ☐ Oelete THE Change Addition NAME VIDER-MYERS, ANDREA G NAME U00000405915 02/07/06-80057-017 158.75 STREET ADDRESS 1140 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE ☐ Delete TITLE Change A hiiii NAME SINKO-KURTEVSKI, ALJA N MRS. NAME STREET ADORESS P.O. BOX 22-0736 STREET, ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33022-0736 CITY-ST-ZIP TITLE Delete TITLE Change E Addition NAME SINKO-MLADENOVIC, VANYA V MRS. STREET ADDRESS 430 SE 7TH STREET, APT. E-306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP TITLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Andition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

SIGNATURE: Londua 9. Vider- Tyers (1 01/25/2006 (954)925-3241