


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000014195
1. Entity Name
ADVANCED CONSULTING SERVICE, INC.



Principal Place of Business
**230 PALERMO AVENUE
CORAL GABLES, FL 33134**

Mailing Address
**230 PALERMO AVENUE
CORAL GABLES, FL 33134**



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0478050 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PASTRAN, RAUL
333 NE 8 ST
HOMESTEAD, FL 33030**

**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 _____ DATE _____
(Signature, typed or printed name of registered agent and firm if applicable) (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KORGE, CHRIS 10355 S.W. 67 AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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05/08/06-80069-007 150.00

**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 empowerments.

SIGNATURE:  **4/20/06** **305-444-9533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #