2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000020300

1. Entity Name

BOREK CONSULTING GROUP, INC



FILED Jan 20, 2004 08:00 AM **Secretary of State**

Principal Place of Business

1930 NORTH 55TH AVE. HOLLYWOOD, FL 33021 Mailing Address

1930 NORTH 55TH AVE. HOLLYWOOD, FL 33021



01102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0984430

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BOREK, SHARI 1930 NORTH 55TH AVE. HOLLYWOOD, FL 33021

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the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or regli	stered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent and title if applicable.				ultred when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	· · ·	5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	I	, , , , , , , , , , , , , , , , , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOREK, SHARI 1930 NORTH 55TH AVE. HOLLYWOOD, FL 33021					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000008295 01/20/04-80057-014 158.75	
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TITLE NAME			1			

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 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

STREET ADDRESS CITY-ST-ZIP

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR