

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90012 050 ***158.75

DOCUMENT # P01000047928

1. Entity Name
9195 SURFSIDE CONSULTANTS, INC.



Principal Place of Business Mailing Address

1212 N LASAUE **1212 N LASAUE**
SUITE 110 **SUITE 110**
CHICAGO, IL 60610 **CHICAGO, IL 60610**

2. Principal Place of Business 3. Mailing Address

1212 N. LASALLE **1212 N. LASALLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 110 **SUITE 110**
 City & State City & State
CHICAGO IL **CHICAGO IL**
 Zip Country Zip Country
60610 **USA** **60610** **USA**

50064551



07122005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

36-4443454 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULETAS, NICHOLAS S 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOULETAS, STEVENAS E 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOULETAS, NICHOLAS V 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADDEN, JOHN 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES 1212 N.LASAUÉ, 110 CHICAGO, IL 60610 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULETAS, NICHOLAS S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 N. LASALLE STE. 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOULETAS, STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 N. LASALLE STE. 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CADDEN, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 N. LASALLE STE. 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIBENEDETTO, ANTHONY R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 N. LASALLE STE. 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARK, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 N. LASALLE STE. 110 CHICAGO, IL 60610

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 lists enclosed.

SIGNATURE:  **DIRECTOR** **07-13-2005** **312-595-4718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #