

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099889

**FILED**  
**Apr 12, 2005**  
**Secretary of State**

**Entity Name:** GENZMER CONSULTING & TECHNOLOGIES, INC.

**Current Principal Place of Business:**

C/O 11777 SE 3RD AVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

C/O 1177 SE 3RD AVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

C/O 11777 SE 3RD AVE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

C/O 1177 SE 3RD AVE  
FORT LAUDERDALE, FL 33316

FEI Number: 65-1157323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WACHS, JEFFREY S  
1177 SE 3RD AVE  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GENZMER, ULRICH  
Address: C/O 1177 SE 3RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULRICH GENZMER

D

04/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date