# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000042152

FLORIDA CONSULTATION GROUP, INC.



**FILED** Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

PO BOX 8878

CORAL SPRINGS, FL 33075

PO BOX 8878 CORAL SPRINGS, FL 33075



04092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0738684 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENSON, BARRY A ESQ 4953 COCONUT CREEK PKWY COCONUT CREEK, FL 33063

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	named entity submits this statement for the plants of registered agent.	urpose of changing its registered	d office of r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signalure typed or printed name of registered agent and title	f apolicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 00	<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	ing 🔲	<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIFRONZO, VITO PO BOX 8878 CORAL SPRINGS, FL 33075				
TITLE NAME STREET ADDRESS					

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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 1 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:

CLTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytene Phone #