

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

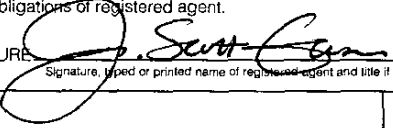
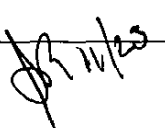
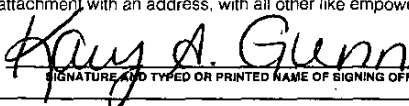
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000108833			
1. Entity Name HUMAN CAPITAL MANAGEMENT, INC			
Principal Place of Business 1000 W MCNAB RD. STE. 150 POMPANO BEACH, FL 33069		Mailing Address 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069	
2. Principal Place of Business 1000 Corporate Drive Suite, Apt. #, etc. Suite 300 City & State Fort Lauderdale FL Zip 33334 Country USA		3. Mailing Address "same" Suite, Apt. #, etc. City & State City Country	
4. FEI Number 65-0970567		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUNN, J. SCOTT 100 SE 3RD AVENUE SUITE 2500 FORT LAUDERDALE, FL 33004		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: 11/10/04 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CAPI-GUNN, KARY A 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO Kary A. Gunn 1000 Corporate Dr. Ste 300 Ft Laud FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SMITH, C. LEO 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, C. Leo 1000 Corporate Dr. Ste 300 Ft Laud FL 33334 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SARAFIANOS, GEORGE 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042765445 11/16/04--01015--004 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNN, J. SCOTT 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☒ Delete (K4)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANOFF, MICHAEL 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HAWORTH, MARK 1000 W MCNAB RD., STE. 150 POMPANO BEACH, FL 33069 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Fees, Scott 1000 Corporate Dr. Ste 300 Ft Laud FL 33334 ☒ Change ☒ Addition
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: 		11/10/04 (934) 318-2303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	