

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 589984

1. Entity Name
HUMAN RELATIONS CONSULTANTS, INC.



Principal Place of Business
**2451 BRICKELL AVE
9D
MIAMI, FL 33129**

Mailing Address
**2451 BRICKELL AVE
9D
MIAMI, FL 33129**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1851192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKERMAN, ROBERT
170 NORTHWEST 204TH STREET
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDABER, MARILYN M
STREET ADDRESS 2451 BRICKELL AVE #9D
CITY-ST-ZIP MIAMI, FL 00000, 33129

TITLE P
NAME GOLDABER, MARILYN M
STREET ADDRESS 2451 BRICKELL AVE 9D
CITY-ST-ZIP MIAMI, FL 33129

TITLE
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STREET ADDRESS
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000000002951
01/13/04-80035-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marilyn M. Goldaber **MARILYN M. GOLDAER** 1-9-2004 305/856-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #