

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2005 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**

DO NOT WRITE IN THIS SPACE



07042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1861192

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 retreating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(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:

Marilyn M. Goldaber

MARILYN M. GOLDABER

7-4-05 305-856-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #