

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 048 ***158.75

DOCUMENT # F03000001156	
1. Entity Name BIG APPLE CONSULTING USA, INC.	

Principal Place of Business 2232 E. SEMORAN BLVD. APOPKA, FL 32703	Mailing Address 2232 E. SEMORAN BLVD. APOPKA, FL 32703
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54025389



2. Principal Place of Business 280 Wekiva Springs Rd	3. Mailing Address
Suite, Apt. #, etc. Ste. 201	Suite, Apt. #, etc.
City & State Longwood, FL	City & State
Zip 32779	Country USA

03092004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3585194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEFF, JOHN 681 JAMESTOWN BLVD. #1030 ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Neff, John Street Address (P.O. Box Number is Not Acceptable) 175 Crown Point Cir. City Longwood FL Zip Code 32779
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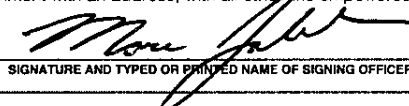
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete JABLON, MARC 6155 WESTGATE DR. #722 ORLANDO, FL 32835	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition Jablon, marc 280 Wekiva Springs Rd. Ste. 201 Longwood, FL 32779
TITLE VP	<input type="checkbox"/> Delete MAGUIRE, MATTHEW 534 ALOKEE CT. LAKE MARY, FL 32746	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete KIMBALL, PEGGY 2853 CHARMONT DR APOPKA, FL 32703	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____