


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F10845
 1. Entity Name
EAGLE BAY MANAGEMENT AND CONSULTING, INC.



FILED

04 JUN 28 AM 10:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 1761 W HILLSBORO BLVD 1761 W HILLSBORO BLVD
 401 401
 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

03132003 Chg-P CR2E034 (10/03)

4. FEI Number 59-2085517 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MOLINET, JORGE
 1761 W HILLSBORO BLVD.
 SUITE 401
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
 Name Frecia Hurtado
 Street Address (P.O. Box Number is Not Acceptable)
~~1761 W Hillsboro Blvd # 401~~
 City Deerfield Beach FL Zip Code 33442

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] (NOTE: Registered Agent signature required when reinstating) DATE

Amended ARs \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOLINET, JORGE	
STREET ADDRESS	1761 W HILLSBORO BLVD STE 401	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frecia Hurtado	
STREET ADDRESS	1761 W Hillsboro Blvd # 401	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] 5/28/04 (954) 457-3773
 DATE DAYTIME PHONE #