

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90086 031 ***150.00

DOCUMENT # J44249
 1. Entity Name
 REMI CONSULTING, INC.



Principal Place of Business
 1235 WINDING OAKS CIR
 VERO BEACH, FL 32963

Mailing Address
 1235 WINDING OAKS CIR
 VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2748677

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRION, JACQUES
 4411 BEACON CIRCLE
 SUITE 1 B
 WEST PALM BEACH, FL 33407

*1235 Winding Oaks Circle
 Vero Beach, Fl. 32963*

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

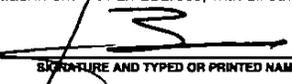
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRION, JACQUES 1235 WINDING OAKS CIR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARACK, PETER J. 333 WEST WACKER DR #2700 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *4/27/05* Daytime Phone #

772-231-9020