


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90287 002 ****50.00

DOCUMENT # L01000006624		
1. Entity Name J.H.S. CONSULTING, L.L.C.		


Principal Place of Business 4300 NORTH UNIVERSITY DRIVE SUITE B-104 LAUDERHILL, FL 33351	Mailing Address 4300 NORTH UNIVERSITY DRIVE SUITE B-104 LAUDERHILL, FL 33351
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2. Principal Place of Business	3. Mailing Address
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4. Principal Place of Business IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009	5. Mailing Address IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009
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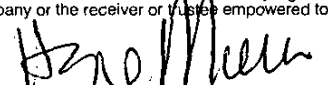
Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHTA DRIVE SUITE 2 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORROW, HOPE 4300 NORTH UNIVERSITY DR STE B-104 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O IDM Management, Inc. 1130B E. Hallandale Beach Blvd. Hallandale, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	MANAGING MEMBER 5/24/04 954 155 9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	