## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # M58932 PFS CONSULTANTS, INC. Principal Place of Business Mailing Address 3125 JACKSON AVE \_3125 JACKSON AVE COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0005039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANTIN, MARIA T. DO NOT WRITE 3125 JACKSON AVE MIAMI, FL 33133 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME PANTIN, MARIA T. 3125 JACKSON AVE STREET ADDRESS . U00000283536 04/01/05-80031-004 150.00 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME STRUET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS

Davigue Phone #