



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000007222			
1. Entity Name GELBER CONSULTING CORP.			
Principal Place of Business C/O GELBER AND CO. 11450 INTERCHANGE CIR. NORTH MIRAMAR, FL 33025		Mailing Address C/O GELBER AND CO. 11450 INTERCHANGE CIR. NORTH MIRAMAR, FL 33025	
DO NOT WRITE IN THIS SPACE			
		01192007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0985457	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GELBER, RONALD S C/O GELBER & CO. 11450 INTERCHANGE CIR. N. MIRAMAR, FL 33025		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000595205 01/23/07-80030-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELBER, RONALD CPA C/O G&C 11450 INTERCHANGE CIR. N MIRAMAR, FL 33025		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			