


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90004 045 ***150.00

DOCUMENT # P00000011196			
1. Entity Name TURQUOISE CONSULTING INC.			
Principal Place of Business 477 S ROSEMARY AV STE #211 Z11 WEST PALM BEACH, FL 33401-5757		Mailing Address 477 S ROSEMARY AV STE #211 Z11 WEST PALM BEACH, FL 33401-5757	
2. Principal Place of Business 477 S. ROSEMARY AV.		3. Mailing Address 477 S. ROSEMARY AV.	
Suite, Apt. #, etc. STE #211		Suite, Apt. #, etc. STE #211	
City & State W. PALM BCH, FL.		City & State W. PALM BCH., FL.	
Zip 33401	Country Palm Bch. Co.	Zip 33401	Country Palm Bch. Co.
6. Name and Address of Current Registered Agent ALTAN, RIZA N 477 SO ROSEMARY AV STE #211 Z11 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name ALTAN, RIZA N. Street Address (P.O. Box Number is Not Acceptable) 477 S. ROSEMARY AVE. STE #211 City W. PALM BEACH FL Zip Code 33401	
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 <u><i>Riza N. Altan</i></u> DATE <u>May 18, 2004</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTAN, RIZANUR 477 SO ROSEMARY AVE STR #211 Z11 WEST PALM BEACH, FL 334015757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTAN, RIZANUR 477 S. ROSEMARY AVE STE #211 W. PALM BCH., FL. 33401
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
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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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: <u><i>Riza N. Altan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>May 18, 2004</u> (561) 804-9908 <small>Date Daytime Phone</small>	