

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000041441

1. Entity Name
FUTURES PERSONNEL CONSULTANTS, INC.



Principal Place of Business
**2222 PONCE DE LEON BLVD., STE. 210
CORAL GABLES, FL 33134**

Mailing Address
**2222 PONCE DE LEON BLVD., STE. 210
CORAL GABLES, FL 33134**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, H. DILLON III
2222 PONCE DE LEON BLVD., STE. 210
CORAL GABLES, FL 33134**

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 H. Dillon Graham III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-18-05

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
**P
STEIN, DOROTHY
2222 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

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U00000364405
05/06/05-80039-022 150.00

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: Dorothy Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05 305-444-9886

Date Daytime Phone #