## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 07, 2004 08:00 AM **Secretary of State** DOCUMENT # P00000112467 1. Entity Name BOTÉRO CONSULTING, INC. Principal Place of Business Mailing Address 7099 NW 44TH AVE 7099 NW 44TH AVE OCALA, FL 34482 OCALA, FL 34482 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3685000 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BOTERO, HERMAN 7099 NW 44TH AVE OCALA, FL 34482 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 signature required when reinstating) 07/07/04-80011-013 550<u>.</u>00 \$5.00 May Ba FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PD TITLE A lakuwasisa dalah yang dalam dalam kanalas dalam dala BOTERO, HERMAN NAME 7099 NW 44TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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, while all other like empowered.

**SIGNATURE:** 

CTY-57-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O

**FILED**