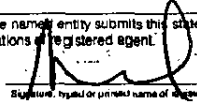
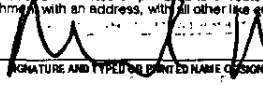


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000011823			
1. Entity Name R.L.R. CONSULTING, INC.			
Principal Place of Business 1355 HOLLYWOOD BLVD HOLLYWOOD, FL 33019		Mailing Address 1355 HOLLYWOOD BLVD HOLLYWOOD, FL 33019	
2. Principal Place of Business 200 SOUTH BIRCH ROAD Suite, Apt. #, etc. # 612	3. Mailing Address 200 SOUTH BIRCH ROAD Suite, Apt. #, etc. # 612		
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL		
Zip 33316	Country USA	4. FEI Number 65-1070686	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAMON, RICHARD L 1355 HOLLYWOOD BLVD HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name RAMON, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BIRCH ROAD # 612 City FT. LAUDERDALE FL Zip Code 33316	
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  DATE 4/30/07 Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when submitting.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PSTD RAMON, RICHARD L 1124 VAN BUREN STREET HOLLYWOOD, FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 4/30/07 954-347-1438	

CR2E034 (10/02)