

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

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

05-05-2003 91790 037 ***150.00

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DOCUMENT # P01000012224

1. Entity Name
ZIPHEX CONSULTING, INC.



Principal Place of Business
4700 HIATUS ROAD
SUITE 157
SUNRISE FL 33351

Mailing Address
4700 HIATUS ROAD
SUITE 157
SUNRISE FL 33351



2. Principal Place of Business
5405 NW 102 Ave.

3. Mailing Address
5405 NW 102 Ave.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
SUNRISE, FL

City & State
Sunrise, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1072905

Applied For
 Not Applicable

Zip 33351 Country US

Zip 33351 Country US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERMAN, LEA
2699 STIRLING ROAD
SUITE A-304
FT. LAUDERDALE FL 33312

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite A-305
City FL Zip Code

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 *Lea Liberman*
Signature (typed or printed name of registered agent and title if applicable.)

4/27/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PSD BONI, LOUIS A JR. 11859 N.W. 27 STREET CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LIBERMAN, AMIR 7049 MARIPOSA CIRCLE WEST PEMBROKE PINES FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Amir Liberman* 4/29/03 954 572 0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)