## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P01000014944 \*

t. Entity Name
OPEX CAREER CONSULTANTS, INC.

Principal Place of Business

301 E PINE ST SUITE 150 ORLANDO, FL 32801 Mailing Address

2000 NW 5TH TERRACE POMPANO BEACH, FL 33060

# FILED Jun 17, 2004 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

 05262004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For

4. FEI Number Applied For Not Applied For Not Applied For S2-2290722 S8.75 Additional Fee Required

153-366-1268

Daytune Poone #

6. Name and Address of Current Registered Agent

GOSIER, JOAN 2000 NW 5TH TERRACE POMPANO BEACH, FL 33060

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plant of registered agent	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature Specific parties name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 9. Election Campaign F Due by September 8, 2004 Trust Fund Contribut			cing 🛚	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSIER, JOAN 2000 NW 5TH TERRACE POMPANO BEACH, FL 33060				U00000162676 06/17/04-80002-019 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		DO NOT WRITE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN T	THIS SPACE
IFFLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			a four		
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 cath; 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 attackment with an address, with all other like empowered.					

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GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR