


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90061 001 ***300.00

| | |
|---|---|
| DOCUMENT # P01000033303 |  |
| 1. Entity Name J. MULLER CONSULTING, INC. | |

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|---|---|
| Principal Place of Business 2150 N FEDERAL HWY BOCA RATON, FL 33431 | Mailing Address 2150 N FEDERAL HWY BOCA RATON, FL 33431 |
|---|---|

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|---|---|
| 2. Principal Place of Business 6649 N. Fed. Highway | 3. Mailing Address 6649 N. Fed. Highway |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|---------------------------------------|
| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33487 | Country USA |

01052004 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0564503 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent MULLER, JURGEN 2150 N FEDERAL HWY BOCA RATON, FL 33431 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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 | D MULLER, JURGEN 2150 N FEDERAL HWY BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/04 561-989-5285
Date Daytime Phone #