## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 20, 2004 08:00 AM **DOCUMENT # P01000042091 Secretary of State** GTG CONSULTING, INC. Mailing Address Principal Place of Business 10872 AVENIDA SANTA ANA 10872 AVENIDA SANTA ANA BOCA RATON, FL 33498 BOCA RATON, FL 33498 No Chg-P CR2E034 (10/03) 01152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1098592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GOLOB, GARY 10872 AVENIDA SANTA ANA BOCA RATON, FL 33498 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and 50e if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPST** TITLE GOLOB, GARY MAME 10872 AVENIDA SANTA ANA STREET ADDRESS 000000008256 01/20/04-80057-002 158.75 CITY-ST-ZIP BOCA RATON, FL 33498 TITLE HAME STREET ADDRESS CITY-ST-ZIP លេខ NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS

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