2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P01000055783 1. Entity Name ADVISORS FINANCIAL CONSULTING CORPORATION								05-02-2005 <u>\</u>	9056 / 02	9 ***150).00	
Principal Place of Business 3601 W. COMMERCIAL BLVD., SUITE 39 FT. LAUDERDALE, FL 33309 MARGATE, FL 33073 Mailing Address 5434 W SAMPLE RD #239 MARGATE, FL 33073												
	th Universit		Mailing Address 4613 North University Drive									
Suite, Apt. #, etc. # 237			Suite, Apt. #, etc. # 237				04292005	Chg-P	CR2E03	34 (10/03)		
City & State Coral Springs, FL Zip Country			City & State Coral Springs, FL Zip	to.	4	65-1109			No	plied For t Applicable		
33067		US	33067	Coun US	ıry			of Status Desired	_ <u> </u>	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
DOMBROW, ALLAN B 3601 W. COMMERCIAL BLVD., SUITE 39 FT. LAUDERDALE, FL 33309					Street Address (P.O. Box Number is Not Acceptable) 4613 North University Drive # 237							
					City Coral Springs FL Zip Code							
8. The above the obligat	ions of regist	tered agent.	r the purpose of changing its	registere			<u> </u>	n, in the State of Flo		33067 amiliar with,		
0.0	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature r	required whe	en reinstating)		DATE			
After Ma		FEE IS \$150.00 5 Fee will be \$550.0			ncing		May Be to Fees					
TITLE	PDST	OFFICERS AND	DIRECTORS Delete	11.				CHANGES TO OFF	ICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	DOMBRO 5434 W S	W, ALLAN B AMPLE RD #239 E, FL 33073	∟ Derete	E ET ADDRESS		☐ Change ☐ Addition 3 North University Drive # 237 al Springs, FL 33067						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the on this reportion or the poration or the	e information supplied with rt or supplemental report is ne receiver of tustee empo achment withan address, v	this filing does not qualify for true and accurate and that re- owered to execute this report with all other like empowered	r the exemy signate as required	mption stated ture shall have red by Chapte	d in Section te the same ter 607, Fl	on 119.07(3)(i) ne legal effect lorida Statutes), Florida Statutes. as if made under as; and that my nam	I further certi oath; that I all le appears in	ify that the in m an officer i Block 10 or	or director Block 11 if	

PED OR PRINTED NAME OF SIGNING OFFICEA OR DIRECTOR DOMBROW 4/09/05 954.777-0253