


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00
Secretary of Stat

DOCUMENT # P01000120085 1. Entity Name EXCOR BUSINESS CONSULTANTS, INC.	
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Principal Place of Business 12379 NW 15TH ST. PEMBROKE PINES, FL 33026	Mailing Address 12379 NW 15TH ST. PEMBROKE PINES, FL 33026
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, JORGE F
12379 NW 15TH ST.
PEMBROKE PINES, FL 33026**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS TONDI, GUSTAVO J 12379 NW 15TH ST. PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ROJAS DE TONDI, GALDYS N 12379 NW 15TH ST. PEMBROKE PINES, FL 33026
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IN THIS SPACE**

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05/05/05-80065-002 155.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gustavo Tondi **TONDI, GUSTAVO J.** 04/22/2005 954-816-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #