

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91010 023 \*\*\*150.00

DOCUMENT # P02000009049

1. Entity Name  
CONSECUTIVE MANAGEMENT AND PAYMENTS, INC.



Principal Place of Business  
11730 A NORTH DALE MABRY HWY  
TAMPA, FL 33614

Mailing Address  
11730 A NORTH DALE MABRY HWY  
TAMPA, FL 33614

94081128

2. Principal Place of Business  
5517 W. SLIGH AVE.  
Suite, Apt. #, etc.  
100  
City & State  
TAMPA, FL  
Zip  
33634  
Country  
USA

3. Mailing Address  
5517 W. SLIGH AVE.  
Suite, Apt. #, etc.  
100  
City & State  
TAMPA, FL  
Zip  
33634  
Country  
USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number  
01-0585297  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MOUMNEH, RAMZY  
11730 A NORTH DALE MABRY HWY  
TAMPA, FL 33614

## 7. Name and Address of New Registered Agent

Name  
Renno, Kamal  
Street Address (P.O. Box Number is Not Acceptable)  
5517 W. SLIGH AVE. # 100  
City  
TAMPA  
FL  
Zip Code  
33634

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 \_\_\_\_\_ DATE 4/30/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<input type="checkbox"/> Delete
P	MOUMNEH, RAMZY	11730 A NORTH DALE MABRY HWY	TAMPA, FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Renno, Kamal	5517 W. SLIGH AVE. # 100	TAMPA, FL 33634	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ DATE 4/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR