


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90003 026 ***558.75

| | | | |
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| DOCUMENT # P02000030876 | |  | |
| 1. Entity Name SJRC CONSULTING GROUP, INC. | | | |
| Principal Place of Business 244 VIA LAS BRISAS PALM BEACH, FL 33480 | | Mailing Address 244 VIA LAS BRISAS PALM BEACH, FL 33480 | |
| 2. Principal Place of Business 2816 NE 35 th Ct Suite, Apt. #, etc. | | 3. Mailing Address 2816 NE 35 th Ct Suite, Apt. #, etc. | |
| City & State Ft. LAUDERDALE, FL | | City & State Ft. LAUDERDALE, FL | |
| Zip 33308 | Country USA/Broward | Zip 33308 | Country US/Broward |
| 6. Name and Address of Current Registered Agent ROBINSON, A JEFFRY 201 S BISCAYNE BLVD, STE 300 MIAMI, FL 33131 | | 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 re-instating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PTS COHEN, STEPHEN R 244 VIA LAS BRISAS PALM BEACH, FL 33480 <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 | AS HILDEBRAND, PATRICIA 3605 N.E. 23RD AVE. FORT LAUDERDALE, FL 33308 <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: <u>Stephen R. Cohen</u> | | 6/29/05 954-563-8175 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

20061024



06282005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0669067 Applied For
Not Applicable

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