

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90015 027 ***158.75

DOCUMENT # P02000030876

1. Entity Name
SJRC CONSULTING GROUP, INC.



Principal Place of Business Mailing Address
2816 NE 35TH CT **2816 NE 35TH CT**
FORT LAUDERDALE, FL 33308 **FORT LAUDERDALE, FL 33308**

40040040



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3200 PORT ROYALE DR N **3200 PORT ROYALE DR. N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
208 **208**

03092008 Chg-P CR2E034 (12/06)

City & State City & State
FORT LAUDERDALE FL **FORT LAUDERDALE FL**
 Zip Country Zip Country
33308 **USA** **33308** **USA**

4. FEI Number Applied For
01-0669067 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, STEPHEN R			NAME			
STREET ADDRESS	244 VIA LAS BRISAS			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILDEBRAND, PATRICIA			NAME			
STREET ADDRESS	3605 N.E. 23RD AVE.			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, STEPHEN R			NAME			
STREET ADDRESS	PO BOX 323			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DEPOT, CT 06794			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILDEBRAND, PATRICIA			NAME	PATRICIA HILDEBRAND		
STREET ADDRESS	2816 NE 35TH CT			STREET ADDRESS	3200 PORT ROYALE DR. N #208		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephen R. Cohen, Pres. **3/12/08** **954 493 6390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #