


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000045796</b>	
1. Entity Name BOCA RATON CONSULTANTS, INC.	

Principal Place of Business 7564 REGENCY LAKE DRIVE, #201A BOCA RATON, FL 33433	Mailing Address 7564 REGENCY LAKE DRIVE, #201A BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0685530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GOULDON, JASON 7564 REGENCY LAKE DRIVE 201A BOCA RATON, FL 33433	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Jason Gouldon pres.* 1/15/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULDON, JASON 7561 REGENCY LAKE DR., SUITE 201A BOCA RATON, FL 33433
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00000187220  
01/24/05-80004-007 150.00

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: *Jason Gouldon pres.* 1/15/05 9542349624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**