FILED May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR)					Secretary of State 05-05-2003 90354 004 ***150.00			
DOCUMENT # P02000046628					05-05-2003 9	0354 004 ***15	50.00	
1. Entity Name STEINHOFF CONSULTING, INC.								
1 '	ce of Business	Malling Address						
2380 NW 73RD AVE. 2380 NW 73RD AVE. SUNRISE, FL 33313 SUNRISE, FL 33313				110	110319		. 1190 1914 (93)	
630	Place of Business Wilmot St.					2511. 4:412 411 2;;;;		
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF	MAKING CHANGES		
City & Star	Palm Beach, FL		Beach, FL	4. FE	Number	3 No	oplied For ot Applicable	
Zip 33 4	405 Country	Zip 33405	Country	5. C	ertificate of Status Desired	S8.75 Add		
	6. Name and Address of Currer	nt Registered Agent	Name		ame and Address of New Reg			
STEINHOFF, ADAM L 2380 NW 73RD AVE. Street Address (P.O. Box Number is Not Acceptable)								
					not St.			
			city u	iest Pa	ulm Beach	FL Zip Cod		
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, tryadion printed name of egistated agent and title if applicable. (NOTE: Registered Agent signature experied when reinstating) DATE								
After	FILE NGWU FEE IS \$150.00 May 1 2003 Fee will be \$550:0 Payable to Florida Department	0 t of State			Election Campaign Finan Trust Fund Contribution.		O May Be	
10.	OFFICERS AN		11.	ADD	ITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-2P	P STEINHOFF, ADAM L 2380 NW 73RD AVE. SUNRISE, FL 33313	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	620 Wi	F, Adam L Imot St. Palm Beach, FL	V Change 33405	Addition Color, Year	
TITLE		☐ Delete	TITLE	<u></u>	THE DEACH, ID	☐ Change	Addition 2	
NAME STREET ADDRESS			NAME STREET ADDRESS					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				. [
CITY-ST-ZP			CDY-ST-ZIP		·			
TITLÉ NAME		Delete	1ITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-2IP			STHEET ADDRESS City-St-Zip					
TITLE		☐ Delete	TITLE			☐ Change	. Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CTY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-2IP			NAME STREET ADDRESS CITY-ST-ZIP			_ viaigo		
12. I hereby certify that the information supplied with this filling 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 except his 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 fixth all other like suppowered.								
SIGNAT		A PRINTED NAME OF SIGNING OFFICER	Adam OR DIRECTOR	Steinha	H 4/30/2003	561-719 Daysine Phone #	1-6079	