

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90451 031 ***550.00

DOCUMENT # P02000050557 1. Entity Name AMBRM IT SERVICES CONSULTING, INC.			
Principal Place of Business 13200 WEST NEWBERRY ROAD STREET U118 NEWBERRY, FL 32669		Mailing Address 13200 WEST NEWBERRY ROAD STREET U118 NEWBERRY, FL 32669	
2. Principal Place of Business 11343 N.W. 18th Ln Suite, Apt. #, etc.		3. Mailing Address 11343 SW 18th Lane Suite, Apt. #, etc.	
City & State Gainesville FL Zip 32606		City & State Gainesville, FL Zip 32606	
Country Alachua		Country Alachua	
4. FEI Number 02-0601966		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERNALOMORA, RAUL G 10000 SOUTHWEST 52ND AVENUE STE 086 GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Bernal-Mora, Raul G 11343 SW 18th Lane Gainesville FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 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: Raul G. Bernal-Mora SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-04 352-262-2662 Date Daytime Phone #	