

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90097 012 ***158.75

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1. Entity Name
PEER CONSULTANTS FLORIDA, INC.



Principal Place of Business
**1460 GULF BLVD STE 1103
 CLEARWATE, FL 33767**

Mailing Address
**1460 GULF BLVD STE 1103
 CLEARWATE, FL 33767**

11091000



06222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **55-0804451** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAIMI, BURTON L
 1800 SECOND ST STE 753
 SARASOTA, FL 34263**

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$160.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ABRON, LILIA A
STREET ADDRESS	1460 GULF BLVD, SUITE 1103
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VP
NAME	NOEL, IVAN C
STREET ADDRESS	15500 NEW BARN RD. #100-14411 Commerce Way, Suite 230
CITY-ST-ZIP	MIAMI LAKES, FL 33014-33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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: Ivan Noel **Ivan Noel** 6/30/04 (305)819-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #