
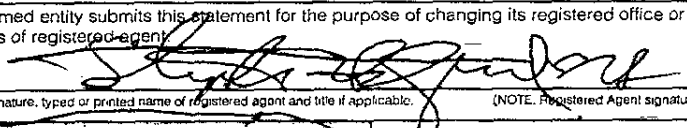


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000087448 1. Entity Name SOLUTIONS & RESOURCES CONSULTANTS, INC.																													
Principal Place of Business 8004 SW 102 STREET MIAMI FL 33156			Mailing Address 8004 SW 102 STREET MIAMI FL 33156																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 56-2290541 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HALPERT, STEPHEN 8004 SW 102 STREET MIAMI FL 33156																									
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>HALPERT, STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8004 SW 102 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33156</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	HALPERT, STEPHEN		STREET ADDRESS	8004 SW 102 STREET		CITY - ST - ZIP	MIAMI FL 33156		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>U000000063584</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>02/23/04-80164-017 150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	U000000063584		STREET ADDRESS	02/23/04-80164-017 150.00		CITY - ST - ZIP		
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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:  **STEPHEN HALPERT** 2-17-04 305-275-9948
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #