

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092203

1. Entity Name  
POST TENSION CONSULTING, INC.



Principal Place of Business  
1600 N. 70TH TERRACE  
HOLLYWOOD, FL 33024

Mailing Address  
1600 N. 70TH TERRACE  
HOLLYWOOD, FL 33024

FILED  
04 OCT -4 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10012004 No Chg-P CR2E034 (10/03) 04

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0426613

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAHER, JABIB  
1600 N. 70TH TERRACE  
HOLLYWOOD, FL 33024

**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 of both in the State of Florida. I am aware 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  
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	D
NAME	DAHER, JABIB
STREET ADDRESS	1600 N. 70TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300041564663  
10/04/04--01029--010 \*\*150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

204100057684