


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90470 021 ***150.00

DOCUMENT # P02000123573	
1. Entity Name SIDNEY ADLER CONSULTING, INC.	

Principal Place of Business 23162 POST GARDENS APT. #706 BOCA RATON, FL 33433	Mailing Address 23162 POST GARDENS APT. #706 BOCA RATON, FL 33433
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34041634



2. Principal Place of Business 19763 BOCA GREENS DRIVE Suite, Apt. #, etc.	3. Mailing Address 19763 BOCA GREENS DRIVE Suite, Apt. #, etc.
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04222004 Chg-P CR2E034 (10/03)

City & State BOCA RATON	City & State BOCA RATON
Zip 33498	Country PAUM BEACH
Zip 33498	Country PALM BEACH

4. FEI Number
01-0759638

Applied For -
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ADLER, SIDNEY
23162 POST GARDENS WAY
APT. #706
BOCA RATON, FL 33433**

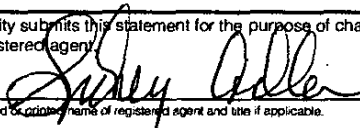
7. Name and Address of New Registered Agent

Name **SIDNEY ADLER**

Street Address (P.O. Box Number is Not Acceptable)
19763 BOCA GREENS DRIVE

City **BOCA RATON** FL Zip Code **33498**

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  **SIDNEY ADLER** **4/22/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, SIDNEY 23162 POST GARDENS WAY APT. #706 BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIDNEY ADLER 19763 BOCA GREENS DRIVE BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIDNEY ADLER** **4/22/04** **561-477-1919**

Signature, typed or printed name of signing officer or director Date Daytime Phone #