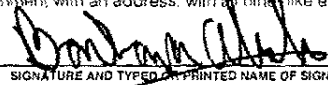


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000127143			
1. Entity Name ALUSH CONSULTING, INC.			
Principal Place of Business 3800 VAN BUREN STREET APT. #102 HOLLYWOOD, FL 33021		Mailing Address 3800 VAN BUREN STREET APT. #102 HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE			
		02142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1162418	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FALLA, BARBARA P 3800 VAN BUREN STREET #102 HOLLYWOOD, FL 33021		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 _____ 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		9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		U000000135354 04/28/04-80056-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD FALLA, BARBARA P 3800 VAN BUREN STREET APT. #102 HOLLYWOOD, FL 33021		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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 an officer or director empowered.			
SIGNATURE: X  Barbara Falla 2/14/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			