## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000022599

Entity Name: ENTOURAGE CONSULTING, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

856 SW 56 TERRAE 856 SW 56 TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

856 SW 56 TERRAE 856 SW 56 TERRACE GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

FEI Number: 83-0350641 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PORRAS, EDUARDO
856 SW 56 TERRAE
856 SW 56 TERRACE
GAINESVILLE, FL 32607
PORRAS, EDUARDO
856 SW 56 TERRACE
GAINESVILLE, FL 32607

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.

SIGNATURE: ED PORRAS 04/22/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 PORRAS, EDUARDO
 Name:
 PORRAS, EDUARDO

 Address:
 856 SW 56 TERRACE
 Address:
 856 SW 56 TERRACE

Address. 636 SW 56 TERRACE
City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: PORRAS, ALEJANDRO Name: PORRAS, ALEJANDRO

Name: PORRAS, ALEJANDRO Name: PORRAS, ALEJANDRO Address: 633 BROWNWOOD AVE Address: 609 BROWNWOOD AVE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: ATLANTA, GA 30316

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SARAVANJA, JOHN
 Name:

 Address:
 375 TERRACE DRIVE
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO PORRAS PD 04/22/2004