

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

04-26-2004 90449 043 ***150.00

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04192004 Chg-P CR2E034 (10/03)

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| DOCUMENT # P03000053377 | | | |  | |
| 1. Entity Name PEREGRINE CONSULTING CORP. | | | | | |
| Principal Place of Business 2700 N. MILITARY TRAIL STE 100 BOCA RATON, FL 33431 | | | Mailing Address 2700 N. MILITARY TRAIL STE 100 BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0008874 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MICHELIN, LOUISA 2700 N. MILITARY TRAIL STE 100 BOCA RATON, FL 33431 | | | Name PAUL MICHELIN Street Address (P.O. Box Number is Not Acceptable) 2700 N MILITARY TRAIL SUITE 100 City BOCA RATON FL Zip Code 33431 | | |
| 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 <u>Paul Michelin</u> | | | DATE <u>4/21/2004</u> | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MICHELIN, LOUISA 2700 N. MILITARY TRAIL STE 100 BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D PAUL MICHELIN 2700 N. MILITARY TRAIL, STE 100 BOCA RATON, FL 33431 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D ROBERT DALFEN 17141 WHITEHAVEN DR BOCA RATON, FL 33496 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Paul Michelin</u> | | | Date <u>4/21/2004</u> Daytime Phone # <u>561-241-3621</u> | | |