

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90010 026 ***150.00

DOCUMENT # P03000086942			
1. Entity Name PILGRIM CONSULTING GROUP INC.			
Principal Place of Business 4803 SW 161 LANE MIRAMAR, FL 33027		Mailing Address 4803 SW 161 LANE MIRAMAR, FL 33027	
2. Principal Place of Business 15221 NW 6th Ct. Suite, Apt. #, etc.		3. Mailing Address 15221 NW 6th Ct. Suite, Apt. #, etc.	
City & State Pembroke Pines		City & State Pembroke Pines	
Zip 33028	Country USA	Zip 33028	Country USA
6. Name and Address of Current Registered Agent O'BRIEN, ALEJANDRO E 4803 SW 161 LANE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  ALEJANDRO E. O'BRIEN PRESIDENT 9/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME O'BRIEN, ALEJANDRO E STREET ADDRESS 4803 SW 161 LANE CITY-ST-ZIP MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE P NAME O'BRIEN, ALEJANDRO E STREET ADDRESS 15221 NW 6th COURT CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input 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
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
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
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
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
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:  ALEJANDRO E. O'BRIEN 9/6/04 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			