


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90012 019 \*\*\*550.00

<b>DOCUMENT # P03000096225</b>	
1. Entity Name <b>OCHCOM CONSULTING, INC.</b>	

Principal Place of Business <b>3333 N.W. 25TH WAY BOCA RATON, FL 33434</b>	Mailing Address <b>3333 N.W. 25TH WAY BOCA RATON, FL 33434</b>
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2. Principal Place of Business <b>7200 NW 2ND AVE.</b>	3. Mailing Address <b>7200 NW 2ND AVE.</b>
Suite, Apt. #, etc. <b>#35</b>	Suite, Apt. #, etc. <b>#35</b>
City & State <b>BOCA RATON, FLORIDA</b>	City & State <b>BOCA RATON, FLORIDA</b>
Zip <b>33487</b>	Zip <b>33487</b>
Country <b>USA</b>	Country <b>USA</b>

08052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0706596</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>OCHWAT, DENNIS M. 3333 N.W. 25TH WAY BOCA RATON, FL 33434</b>	
7. Name and Address of New Registered Agent Name <b>OCHWAT, DENNIS M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7200 NW 2ND AVE., #35</b> City <b>BOCA RATON</b> FL Zip Code <b>33487</b>	

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 *Dennis Ochwat* **DENNIS OCHWAT, President 8/11/04** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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: *Dennis Ochwat* **DENNIS OCHWAT, President 8/11/04 561-289-7999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #