

2004 FOR PROFIT CORPORATION ANNUAL REPORT



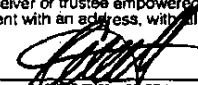
FILED
May 05, 2004 8:00 am
Secretary of State

04-08-2004 90002 029 ***150.00

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03312004 Chg-P CR2E034 (10/03)

| | | | |
|--|---|--|---|
| DOCUMENT # P03000108428 | |  | |
| 1. Entity Name AL HERGET CONSULTING SERVICES, INC. | | | |
| Principal Place of Business 9860 FAIRWAY COVE LANE PLANTATION, FL 33324 | | Mailing Address 9860 FAIRWAY COVE LANE PLANTATION, FL 33324 | |
| 2. Principal Place of Business 1076 Sunset Strip Suite, Apt. #, etc. | | 3. Mailing Address 9860 FAIRWAY COVE LANE Suite, Apt. #, etc. | |
| City & State Sunrise, FL | | City & State Plantation, FL | |
| Zip 33313 | | Zip 33324 | |
| Country U.S.A. | | Country U.S.A. | |
| 4. FEI Number 11-3705604 | | 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 HERGET, ALBERT C 9860 FAIRWAY COVE LANE PLANTATION, FL 33324 | | 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:  DATE: 3/6/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | PSD HERGET, ALBERT C 9860 FAIRWAY COVE LANE PLANTATION, FL 33324 <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, without other like empowered. | | | |
| SIGNATURE:  | | 3/6/04 954-473-2600 Daytime Phone # | |