## 2005 FOR PROFIT CORPORATION

## May 23, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000014112 04-18-2005 90291 048 \*\*\*150.00 ADM BUSINESS CONSULTANTS, INC. Principal Place of Business Mailing Address 86018313 **5820 CASTLEGATE AVENUE 5820 CASTLEGATE AVENUE DAVIE, FL 33331 DAVIE, FL 33331** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05192005 Applied For City & State City & State 4. FEI Numbe ക -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUID, PAUL R Street Address (P.O. Box Number is Not Acceptable) 5820 CASTLEGATE AVENUE **DAVIE, FL 33331** City 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 Signature. Hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 PRES TITLE ☐ Delete TITLE Change ☐ Addition SUID. PAUL R NAME NAME **5820 CASTLEGATE AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** CITY-ST-ZIP SEC Delete TITLE ☐ Change M Addition TITLE SUID, SUSAN NAME NAME 5820 CASTLEGATE AVENUE STREET ADDRESS STREET ADDRESS **DAVIE, FL 33331** CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TIT: F NAME NAME STREET ADDRESS STREET ADDRESS

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 at 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 embowered. changed, or on an attachment

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

**FILED**