## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2006 08:00 AN **DOCUMENT # P04000020437 Secretary of State** 1. Entity Name ONYX CONSULTANTS, INC. Principal Place of Business Mailing Address 2245 NW 45TH AVENUE 2245 NW 45TH AVENUE COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 03282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 56-2432778 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DUBROW DUKER & ASSOCIATES, PA** DO NOT WRITE 2832 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 IN THIS SPACE 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, typed or printed name of registered agent and trile if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WARSCHE, STEVEN STREET ADDRESS 2245 NW 45TH AVENUE CITY-ST-7IP COCONUT CRÉEK, FL 33066 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 legat effect as if made under cath; 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** 

STREET ADDRESS CITY-ST-ZIP

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

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FILED