


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90138 034 ***150.00

DOCUMENT # P04000032241	
1. Entity Name PAGEANT PREP AND TALENT CONSULTING, INC.	

Principal Place of Business 15016 DEER MEADOW DR LUTZ, FL 33559	Mailing Address 15016 DEER MEADOW DR LUTZ, FL 33559
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50046817

2. Principal Place of Business 218 N. Kingsway Dr. Suite, Apt. #, etc.	3. Mailing Address 218 N. Kingsway Dr. Suite, Apt. #, etc.
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04222005 Chg-P CR2E034 (10/03)

City & State Tempe Terrace, FL	City & State Tempe Terrace, FL
Zip 33617	Zip 33617
Country USA	Country USA

4. FEI Number 20-076-5019	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVAK ROBLES, TINA MARIE 15016 DEER MEADOW DR LUTZ, FL 33559	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 218 N. Kingsway Dr. City Tempe Terrace FL Zip Code 33617	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD NOVAK ROBLES, TINA MARIE 15016 DEER MEADOW DR LUTZ, FL 33559 <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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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: Tina Marie Novak Robles **4/28/05** **813-988-9964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #