

2005 FOR PROFIT CORPORATION
ANNUAL REPORT


FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90123 027 ***150.00

14010524

DOCUMENT # P04000048670

1. Entity Name
HUMAN RESOURCE CONSULTANT INTERNATIONAL INC




Principal Place of Business Mailing Address
844 NW 170TH TERR. **844 NW 170TH TERR.**
PEMBROKE, FL 33028 **PEMBROKE, FL 33028**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
35-2228571 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, CHRISTOPHER
844 NW 170TH TERR.
PEMBROKE, FL 33028

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEN, RICKERT A	
STREET ADDRESS	844 NW 170TH TERR.	
CITY-ST-ZIP	PEMBROKE, FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, RHOMA	
STREET ADDRESS	844 NW 170TH TERR.	
CITY-ST-ZIP	PEMBROKE, FL 33028	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, CHRISTOPHER	
STREET ADDRESS	844 NW 170TH TERR.	
CITY-ST-ZIP	PEMBROKE, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR