## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 04, 2005 8:00 am Secretary of State 1. Entity Name 04-04-2005 90058 047 \*\*\*150.00 PLAZURE CONSULTING, INC. Principal Place of Business Mailing Address 40020407 **5358 PARK PLACE CIRCLE** 5358 PARK PLACE CIRCLE BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 $\Pi \Omega \Pi \Pi$ Applied For City & State City & State 4. FEI Number 04-3787702 Not Applicable Zip · Country Ζiρ Country \$8.75 00000000 5. Certificate of Status Desired П 00000000 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENNIE PLAZURE SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 5358 PARK Place Circle 4840 CW 22ND ST. 4TH FLOOR MIAMI, FL 93145 <sup>₹</sup>33486 RATON 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, 115105 SIGNATURE. ionature. Woed or printed name of registered agent and title if applicable. (NOTE: Registered Ament signature required when reinstating) 9. Election Campaign Financing \$5.00 n noman FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 0000000000000 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete THE ☐ Change Addition PLAZURE, LENNIE NAME 5358 PARK PLACE CIRCLE STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP VSTD ☐ Addition THE ☐ Delete TITLE ☐ Change PLAZURE, FRANCINE G NAME NAME STREET ADDRESS 5358 PARK PLACE CIRCLE STREET ADDRESS CITY-S1-ZIP BOCA RATON, FL 33486 CiTY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Ad lition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 within a direct like empowered. 'Plazure 561-394-6921 SIGNATURE: L

**FILED**