

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050363

Entity Name: PLAZURE CONSULTING, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

2200 N. FEDERAL HWY
212
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2200 N. FEDERAL HWY
212
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 04-3787702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N. FEDERAL HWY
212
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLAZURE, LENNIE
Address: 5358 PARK PLACE CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VSTD () Delete
Name: PLAZURE, FRANCINE G
Address: 5358 PARK PLACE CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLAZURE, LENNIE
Address: 2200 N. FEDERAL HIGHWAY #212
City-St-Zip: BOCA RATON, FL 33431

Title: VSTD (X) Change () Addition
Name: PLAZURE, FRANCINE G
Address: 2200 N. FEDERAL HIGHWAY #212
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNIE PLAZURE

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date