

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000050363

Entity Name: PLAZURE CONSULTING, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

### **Current Principal Place of Business:**

2200 N. FEDERAL HWY  
212  
BOCA RATON, FL 33431

### **New Principal Place of Business:**

5358 PARK PLACE CIRCLE  
BOCA RATON, FL 33486

### **Current Mailing Address:**

2200 N. FEDERAL HWY  
212  
BOCA RATON, FL 33431

### **New Mailing Address:**

5358 PARK PLACE CIRCLE  
BOCA RATON, FL 33486

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:**

PLAZURE, LENNIE  
5358 PARK PLACE CIRCLE  
BOCA RATON, FL 33486 US

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

04/20/2011

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LENNIE PLAZURE

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date