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FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90012 012 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000075313			
1. Entity Name K.B. HUMAN RESOURCE CONSULTANTS, INC.			
Principal Place of Business 12180 NW 47 MANOR CORAL SPRINGS, FL 33076		Mailing Address 12180 NW 47 MANOR CORAL SPRINGS, FL 33076	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0087130		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAUTISTA, KIM M 12180 NW 47 MANOR CORAL SPRINGS, FL 33076		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAUTISTA, KIM M 12180 NW 47 MANOR CORAL SPRINGS, FL 33076 <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 acknowledgments.			
SIGNATURE: 		7/8/05 954-465-5270	
SIGNATURE (Must be typed on printed name of signed officer or director)		Date Daytime Phone #	

ATTACHMENT

20663139

K.B. Human Resource Consultants, Inc.
12180 NW 47 Manor
Coral Springs, FL 33076

July 8, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P04000075313

Dear Whom It May Concern:

In the past week I received a Dissolution notice from you advising the Company that should your office not receive our Annual Report, the Company will be dissolved. In researching this matter further, I found that we should have received a notice from your office months ago about the Annual Report. Unfortunately the Company was never in receipt of this notice.

Therefore as requested, find enclosed our Annual Report along with payment. Should you have any questions, do not hesitate to contact me at 954-465-5270.

Sincerely,



Kim M. Bautista
President