

2005 FOR PROFIT CORPORATION ANNUAL REPORT

IDENT # P04000079540

CONSULTING CORP.



Principal Place of Business
1000 ISLAND BLVD - APT # 807
AVENTURA, FL 33160

Mailing Address
1000 ISLAND BLVD - APT # 807
AVENTURA, FL 33160

Principal Place of Business

3. Mailing Address

2. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

05022005

Chg-P

CR2E034 (10/03)

4. FEI Number

201137779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIAN D. GORDON, C.P.A., P.A.
12550 BISCAYNE BLVD
500
N MIAMI, FL 33181

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**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. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ARONSON, STACEY
1000 ISLAND BLVD - APT # 807
AVENTURA, FL 33160

☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ 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 empowered.

SIGNATURE:

Stacey Aronson

5/1/05

205-206-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone