


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 017 ***150.00

DOCUMENT # P04000091986 1. Entity Name PHOENIX CONSULTING ENTERPRISES INC.																													
Principal Place of Business 321 GULFSTREAM ROAD DANIA, FL 33004			Mailing Address 321 GULFSTREAM ROAD DANIA, FL 33004																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 962 Suite, Apt. #, etc.																											
City & State DANIA BEACH, FLORIDA		City & State DANIA BEACH, FLORIDA		4. FEI Number 20-1329824																									
Zip 33004		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent WILLIAMS, GLEANDA 321 GULFSTREAM ROAD DANIA, FL 33004			7. Name and Address of New Registered Agent Name GLEANDA WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 321 GULFSTREAM RD City DANIA BEACH FL Zip Code 33004																										
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 GLEANDA WILLIAMS DATE 1/7/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, GLEANDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>321 GULFSTREAM ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DANIA, FL 33004</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WILLIAMS, GLEANDA		STREET ADDRESS	321 GULFSTREAM ROAD		CITY-ST-ZIP	DANIA, FL 33004		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GLEANDA WILLIAMS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>321 GULFSTREAM RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DANIA BEACH, FL, 33004</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GLEANDA WILLIAMS		STREET ADDRESS	321 GULFSTREAM RD		CITY-ST-ZIP	DANIA BEACH, FL, 33004	
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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 **GLEANDA WILLIAMS** DATE **1/7/04** DAYTIME PHONE # **954-9203392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR