


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90137 017 \*\*\*158.75

<b>DOCUMENT # P04000100811</b> 1. Entity Name TSUKUDA CONSULTING, INC.			
Principal Place of Business 1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		Mailing Address 1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	
2. Principal Place of Business <i>10275 SW 20 STREET</i>		3. Mailing Address <i>10275 SW 20 STREET</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>DAVIE, FLORIDA</i>		City & State <i>DAVIE, FLORIDA</i>	
Zip <i>33324</i> Country <i>USA</i>		Zip <i>33324</i> Country <i>USA</i>	
6. Name and Address of Current Registered Agent  TSUKUDA, ROBERT 1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <i>10275 SW 20 STREET</i>  City <i>DAVIE</i> FL Zip Code <i>33324</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete TSUKUDA, ROBERT 1100 S. FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	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
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)(c), 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.			
<b>SIGNATURE:</b> <i>Robert B. Tsukuda</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 8, 2005 954/496-7359 <small>Date Daytime Phone #</small>	