FILED Mar 25, 2005 8:00 am Secretary of State 03-25-2005 90041 024 ***150.00 50030777 CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional ☐ Addition Change ☐ Addition ☐ Change ☐ Addition

2005	FOR PROFIT CORPORATION	N
	ANNUAL REPORT	

DOCUMENT # P04000123594 JHL CONSULTING, CORP. Principal Place of Business Mailing Address 5851 HOMBERG RD 5851 HOMBERG RD **SUITE 2213 SUITE 2213** PARKLAND, FL 33067 PARKLAND, FL 33067 2. Principal Place of Business 6811 K ace 6811 1180 Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 City & State 4. FEI Number 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent anna LIPKA, HANNA M Street Address (P.O. Box Number is Not Acceptable) 5851 HOLMBERG RD **SUITE 2213** PARKLAND, FL 33067 8. The above named entity submits this statement for the purpose of changing its registered office or registered gent, 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 reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI E Delete TITLE LIPKA, HANNA M NAME NAME STREET ADDRESS STREET ADORESS 5851 HOLMBERG RD, SUITE 2213 6811 NW 28 Place CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP Delete TIN F TITLE LIPKA, JOSHUA P NAME NAME STREET ADDRESS 5851 HOLMBERG RD, SUITE 2213 STREET ADDRESS CITY-SI-ZIP PARKLAND, FL 33067 CITY-ST-782 TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 justee 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:**