

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134871

FILED
Mar 13, 2005
Secretary of State

Entity Name: ADJ CONSULTING SERVICES, INC.

Current Principal Place of Business:

7331 GRANDVILLE DR
TAMARAC, FL 33321 US

New Principal Place of Business:

3831 FALCON RIDGE CIRCLE
WESTON, FL 33331 US

Current Mailing Address:

9461 HOLLYHOCK CT
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 20-1672912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT E ABOLAFIA ENTERPRISES INC
9461 HOLLYHOCK CT
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: TAXIER, ROBERTA
Address: 7331 GRANDVILLE DR
City-St-Zip: TAMARAC, FL 33321 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: TAXIER, DONNA L
Address: 3831 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA TAXIER

P

03/13/2005

Electronic Signature of Signing Officer or Director

_____ Date