2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000140451

1. Entity Name
AVERY HARRISON CONSULTING, INC.

Principal Place of Business	Mailing Address
C/O JOSHUA GERSTIN, ESQ. 1499 WEST PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486	C/O JOSHUA GERSTIN, ESQ. 1499 WEST PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486

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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1833831
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERSTIN, JOSHUA ESQ.
1499 WEST PALMETTO PARK RD.
SUITE 412
BOCA RATON, FL 33486

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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, the registered agent.

SIGNATURE _____ 4/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MR.
NAME	SCHWARTZ, JONATHAN
STREET ADDRESS	3835 NW 27TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MRS.
NAME	SCHWARTZ, MELISSA
STREET ADDRESS	3835 NW 27TH AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jonathan Schwartz 4/21/06 561-750-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #