


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90030 042 ***150.00

DOCUMENT # P04000146757 1. Entity Name D. C. M. CONSULTING, INC			
Principal Place of Business 2727 N OCEAN BLVD - # A303 BOCA RATON FL 33431		Mailing Address 2727 N OCEAN BLVD - # A303 BOCA RATON FL 33431	
2. Principal Place of Business - No P.O. Box # 2727 N. OCEAN BLVD. Suite, Apt. #, etc. A/303 City & State BOCA RATON FL. Zip 33431		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country FLORIDA	
6. Name and Address of Current Registered Agent MERNIT, DANIEL 2727 N OCEAN BLVD - # A303 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERNIT, DANIEL 2727 N OCEAN BLVD - # A303 BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Daniel Mernit</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/16/07 <small>Date</small>	
561/391-2964 <small>Daytime Phone #</small>			



1st MOORE CR2E034 (10/06)

4. FEI Number **01-0812521** ☐ Applied For ☐ Not Applicable

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