

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159392

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** HOUTKIN CONSULTING CORP.

**Current Principal Place of Business:**

7100 ISLAND BOULEVARD  
SLIP 21  
AVENTURA, FL 33160

**New Principal Place of Business:**

2295 NW CORPORATE BLVD.  
SUITE 230  
BOCA RATON, FL 33431

**Current Mailing Address:**

3900 ISLAND BOULEVARD, PH # 4  
AVENTURA, FL 33160

**New Mailing Address:**

2295 NW CORPORATE BLVD.  
SUITE 230  
BOCA RATON, FL 33431

FEI Number: 20-1836237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOUTKIN, BRAD  
3900 ISLAND BOULEVARD  
PH # 4  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

HOUTKIN, BRAD  
2295 NW CORPORATE BLVD.  
SUITE 230  
BOCA RATON, FL 33431 US

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:

01/11/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOUTKIN, BRAD PRES  
Address: 2295 NW CORPORATE BLVD., SUITE 230  
City-St-Zip: BOCA RATON, FL 33431

Title: SEC  
Name: HOUTKIN, MICHAEL SEC/TRE  
Address: 2295 NW CORPORATE BLVD., SUITE 230  
City-St-Zip: BOCA RATON, FL 33431

Title: VPRES  
Name: HOUTKIN, SHERRY V PRES  
Address: 2295 NW CORPORATE BLVD., SUITE 230  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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 all other like empowered.

SIGNATURE: BRAD HOUTKIN

PRES

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date