


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90002 023 ***158.75

DOCUMENT # P04000160311		
1. Entity Name NATIONAL BUS CONSULTANTS, INC.		

Principal Place of Business 7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446	Mailing Address 7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>SAME</i>		Suite, Apt. #, etc. <i>SAME</i>	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		4. FEI Number <i>EN 16-1711547</i>		Applied For Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Name <i>SAME</i>				
Street Address (P.O. Box Number is Not Acceptable)				
City <i>FL</i>		Zip Code		

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 *Daniel Levitan*
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

*→ JUST Received
Document
7-05*

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P LEVITAN, DANIEL 7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SOLOMON, ALICE L 7385 CORTEZ LAKE DRIVE DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Daniel Levitan* *7/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #