


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90003 013 \*\*\*150.00

<b>DOCUMENT # P05000040377</b>	
1. Entity Name <b>STEVAL CONSULTING, INC.</b>	

Principal Place of Business <b>866 NE 78TH STREET BOCA RATON, FL 33487</b>	Mailing Address <b>866 NE 78TH STREET BOCA RATON, FL 33487</b>
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**50023775**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07212006 Chg-P CR2E034 (11/05)

4. FEI Number <b>25:1916042</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>KENNON, MAUREEN HEALEY 6100 GLADES ROAD, SUITE 210 BOCA RATON, FL 33434</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_  
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  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAKASH, STEVEN M</b>	NAME	
STREET ADDRESS	<b>866 NE 78TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-25-06**

ATTACHMENT  
50023775-  
#P05000040377

**FILING INSTRUCTIONS**

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**PREPARED FOR**

STEVAL CONSULTING, INC.

**TO BE SIGNED  
AND DATED BY**

STEVEN NAKASH

**AMOUNT DUE**

\$150.00

**MAKE CHECK PAYABLE TO**

FLORIDA DEPARTMENT OF STATE

**MAIL REPORT TO**

DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE, FL 32314-6198

**RETURN MUST  
BE MAILED ON  
OR BEFORE**

July 31, 2006

**SPECIAL  
INSTRUCTIONS**

SIGN AND DATE BOX 12

**MARDEN, HARRISON AND KREUTER CPA'S P.C.  
1311 MAMARONECK AVENUE  
WHITE PLAINS, NY 10605  
(914) 684-2700**

**MELVILLE, NY (631) 427-9009**