2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078555

Entity Name: HARDCO CONSULTING, INC.

FILED Apr 14, 2009 Secretary of State

Entity Nai	me: HARDO	D CONSULTING, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
500 NW 10 CORAL SI	01 AVE PRINGS, FL 3	33071	717 SHOTGUN RD SUNRISE, FL 33326		
Current M	lailing Addre	ss:	New Mailing Address:		
500 NW 10 CORAL SI	01 AVE PRINGS, FL 3	3071	717 SHOTGUN RD SUNRISE, FL 33326		
FEI Number	: 43-2083514	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
12015 NW STE 12015 PEMBRON The above	KE PINES, FL	15 33026 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Election Car		nic Signature of Registered Aggrees g Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CLAVEL, FRAI 500 NW 101 A CORAL SPRIN	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLAVEL, OSC 11721 WEST) Delete AR ATLANTIC BLVD. UNIT 734 GS. FL. 33071	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OSCAR CLAVEL VP 04/14/2009