


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90058 004 ***150.00

DOCUMENT # P05000094223
 1. Entity Name
SANDRA J. KRISTOFF CONSULTING, INC.




Principal Place of Business
 2740 NE 33RD STREET
 FT. LAUDERDALE, FL 33306

Mailing Address
 2740 NE 33RD STREET
 FT. LAUDERDALE, FL 33306

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



05072007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-3102767 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WILLIAM R. BLACK & ASSOCIATES, P.A.
 2691 E. OAKLAND PARK BLVD.
 SUITE 402
 FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent
 Name **Alan Rosenthal CPA PA**
 Street Address (P.O. Box Number is Not Acceptable)
3300 University DR.
STE. 305
 City **Coral Springs** FL Zip Code **33065**

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 *Alan Rosenthal CPA* DATE 5/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

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	P, S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTOFF, SANDRA J		NAME		
STREET ADDRESS	2740 NW 33RD ST		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 I/Os empowered.

SIGNATURE: *Sandra J. Kristoff* **SANDRA J. KRISTOFF** DATE 5/7/07 DAYTIME PHONE # 9545682035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR