2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

ANNUAL REPORT		<u>se</u> €	Sacratar	my of State
DOCUMENT # P92000008714 1. Entity Name SETTLE CONSULTING CORPORATION			Secretai	ry ôf State
Principal Place of Business 800 WEST CYPRESS CREEK RD SUITE 460 FT LAUDERDALE, FL 33309 US Mailing Address 800 W. CYPRESS CREEK R 460 FORT LAUDERDALE, FL 33309				
DO NOT WRITE IN THIS SP	ACE		o Chg-P CR2E03	Applied For Not Applicable 68.75 Additional ee Required
6. Name and Address of Current Registered Agent NEVES, ALFREDO 800 W. CYPRESS CREEK ROAD SUITE 460 FORT LAUDERDALE, FL 33309			OT WRITE	
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 privated name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Yrust Fund Contribu		.00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS ITTLE DPST NAME NEVES NETO, ALFREDO D STREET ADDRESS 800 CYPRESS CREEK RD., STE. 460 CITY-SI-ZIP FT. LAUDERDALE, FL 33309 ITILE NAME STREET ADDRESS CITY-SI-ZIP		G4	U00000129181 /26/04-80068-	003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			OT WRITE	
TITLE NAME STREET ADDRESS CITY, ST. 719				

12. I hereby certify that the information supplied with this filling 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 a haddress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TO VEW ALFRON NEW TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/04 954 9280405 x 20 Date Dayline Phone #