2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000044905

1. Entity Name
H. M. SEIDEN CONSULTING, INC.

SIGNATURE

Principal Place of Business
6135 SW 160TH TERRACE
DAVIE, FL 33331 US

Mailing Address
4474 WESTON ROAD
PMB 226
DAVIE, FL 33331 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0419824

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIPPER, ADAM S
461 S.W. 178TH WAY
PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

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 Henry M. Seiden 3/29/2004
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, 2004 Fee will be $550.00

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

U00000100329
04/01/04-80002-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEIDEN, HENRY M
STREET ADDRESS	4474 WESTON ROAD #226
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	S
NAME	SEIDEN, JANE
STREET ADDRESS	4474 WESTON ROAD #226
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Henry M. Seiden 3/29/2004 954-252825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #