

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000021999

1. Entity Name
ELLMAN CONSULTING, INC.



Principal Place of Business
730 W MCNAB RD
FT LAUDERDALE, FL 33309

Mailing Address
730 W MCNAB RD
FT LAUDERDALE, FL 33309



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0479502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIROP, KEVIN
730 W MCNAB ROAD
FT LAUDERDALE, FL 33309

**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

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

U000000038865
02/06/04-80154-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLMAN, J. LEON
STREET ADDRESS	730 W MCNAB RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	ELLMAN, ELAINE
STREET ADDRESS	730 W. MCNAB ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	VAST
NAME	SIROP, KEVIN
STREET ADDRESS	730 WEST MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VS
NAME	BERK, ARTHUR J
STREET ADDRESS	730 W MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	V
NAME	ELLMAN, NEIL
STREET ADDRESS	730 W MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	V
NAME	ELLMAN, LANCE
STREET ADDRESS	730 W MCNAB RD
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

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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:

Kevin Sirop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04
Date

954-968-2333
Daytime Phone #