## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000066031

1. Entity Name

PROPERTY TAX CONSULTANTS, INC.



ئىڭىلۇنمۇرەند س

Jan 24, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

GULFSTREAM PROMENADE 656 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009 Mailing Address

GULFSTREAM PROMENADE 656 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009



01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2772622

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, STANLEY H GULFSTREAM PROMENADE 656 E. HALLANDALE BEACH BLVD HALLANDALE, FL 33009

D	0	N	T	W	٧R	ITE	
a.tana M <b>aba</b>	1 m	∝ <u>F</u>		× 🚕	ં <b>દ™ે તે</b>	CE	•
	٧	. [7]	13	ై			

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 tyle if applicable (NOTE: Registered Agent suggesture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME **BECK, STANLEY H** .000000796109 656 E. HALLANDALE BEACH BLVD. STREET ADDRESS 01/29/08-80019-010 158.75 CITY-ST-ZIP HALLANDALE, FL 33009 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the anadress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.08 954.454.360