## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P94000066854 1. Entity Name 04-19-2004 90390 027 \*\*\*150.00 ONLINE CONSULTING, INCORPORATED Principal Place of Business Mailing Address 6535 SW 55TH LN 6535 SW 55TH-LN **SOUTH MIAMI, FL 33155** SOUTH MHAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04142004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0522593 Not Applicable Same \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent \_\_\_ 5471 SW 71 ST PLACE 6535 GW 55TH LN MIAMI, FL 33155 City MIAM .8. The above named entity submits this statement for the purp (se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition NAME ZEISLER, HENRY: NAME STREET ADDRESS 6535 SW 55TH LN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP πпе Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change 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 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 Stonature 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 is 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 officer in the proposers of the corporation of the corp

FICER OR DIRECTOR

OF SIGNING

**FILED**