

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000081776

1. Entity Name
BIOGRAPHIC CONSULTING CORP.



Principal Place of Business
**525 S. FLAGLER DRIVE
#11D
WEST PALM BEACH, FL 33401 US**

Mailing Address
**525 S. FLAGLER DRIVE
#11D
WEST PALM BEACH, FL 33401 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0540027

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVINE, RICHARD A
525 S. FLAGLER D.R
#11D
WEST PALM BEACH, FL 33401**

**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**

**000000027492
02/03/04-80047-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVINE, RICHARD A
STREET ADDRESS	525 S. FLAGLER DR., #11D
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	LEVINE, FRANCES R
STREET ADDRESS	7754 VILLA DESTA WAY
CITY - ST - ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	LEVINE, KIM S
STREET ADDRESS	4784 FOX HUNT TRAIL
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Richard A. Levine RICHARD A. LEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 29, 2004 561-833-4002

Date

Daytime Phone #