

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000029675**

1. Entity Name  
**SUCCESS CONSULTING INTERNATIONAL, INC.**



Principal Place of Business  
**5981 FUNSTON STREET  
HOLLYWOOD, FL 33023 0**

Mailing Address  
**5981 FUNSTON STREET  
HOLLYWOOD, FL 33023 0**



03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0634433**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNN, LESLIE M  
1209 MANOR DR. SOUTH  
FORT LAUDERDALE, FL 33326**

**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 fee if applicable

(NOTE: Registered Agent signature required when constituting)

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**

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | LUNN, LESLIE        |
| STREET ADDRESS | 1209 MANOR DR SOUTH |
| CITY-STATE-ZIP | WESTON, FL 33326    |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-STATE-ZIP |                     |
| TITLE          |                     |
| NAME           |                     |
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| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-STATE-ZIP |                     |

~~U00000078269~~  
~~03/05/04 00003-008 150.00~~

U00000079622  
03/08/04 00073-008 150.00

**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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-04 954-965-0098**

Date

Daytime Phone