2004 FOR PROFIT CORPORATION _ANNUAL REPORT

FILED Feb 23, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Feb 23, 2004 08:00 A
DOCUMENT # P97000019903 1. Entity Name 1836 CONSULTING CORP.					Secretary of State
%NEIL A TEI 7567 IMPER		Mailing Address %NEIL A TELL 7567 IMPERIAL DR BOCA RATON, FL 33433			Ta 1887 i 1887 aug 1887 aug
С	O NOT WRITE 6. Name and Address of Current R		CE	01212004 4. FEI Numb 65-073	
TELL, NEIL A 7567 IMPERIAL DR BOCA RATON, FL 33433					NOT WRITE 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 releastating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				.00 May Be ed to Fees	
IITLE NAME STREET ADDRESS CHY-ST-ZIP	P TELL, NEIL A 7567 IMPERIAL DR BOCA RATON, FL 33433				000000061761 02/23/04-80092-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. <u></u> ~	
TITLE NAME STREET ADDRESS CITY- ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME NAME STREET ADDRESS CITY-ST-ZIP					
NAME SIREEY ADDRESS CHY-SI-ZIP					

12. I hereby certify that the information supplied with this filling 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

MY JAW NEIL TELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2004

5613480840

Daytime Phone if