

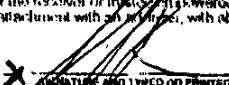
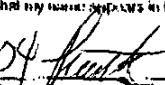
Apr 20 04 10:56a

Kent Huffman Esq

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 012 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000108737			
1. Entity Name: PALM BEACH CONSULTING LIMITED, INC.			
Principal Place of Business C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480		Mailing Address C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FID Number 65-0871701		Assessed For Not Applicable	
5. Certificate of Status Checked ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUFFMAN, ESQ., KENT 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480		Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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: _____			
FILE NOW!!! FEE IS \$160.00 After May 1, 2004 Fee will be \$350.00		9. Election to Waive Franchise Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PO ROSS, GARY PO BOX 761 PALM BEACH, FL 33480	☐ Delete	NAME CHANGE ☐ Change ☐ Addition	
NAME DELETE ☐ Delete		NAME CHANGE ☐ Change ☐ Addition	
NAME DELETE ☐ Delete		NAME CHANGE ☐ Change ☐ Addition	
NAME DELETE ☐ Delete		NAME CHANGE ☐ Change ☐ Addition	
NAME DELETE ☐ Delete		NAME CHANGE ☐ Change ☐ Addition	
NAME DELETE ☐ Delete		NAME CHANGE ☐ Change ☐ Addition	
12. I hereby certify that the information submitted with this filing complies with the requirements contained in Chapter 193.07(1)(b), 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 person or persons authorized to execute this report as required by Chapter 193.07, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all other due diligence.			
SIGNATURE: 		4.22.04 	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

24055489



01092004 Chg-P CR2E034 (10/03)