Apr 20 04 10:56a Kent Huffman Esq

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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.

24055489

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 — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0871701 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HUFFMAN, ESQ., KENT
350 ROYAL PALM WAY
SUITE 409
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
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 ______ (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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD ROSS, GARY PO BOX 761 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: X ______ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4.22.04 DATE ______ TELEPHONE