

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 032 ***150.00

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DOCUMENT # P98000042130			
1. Entity Name STANDARD BUSINESS CONSULTING, INC.			
Principal Place of Business 5200 NORTH OCEAN BLVD. #1407 FT. LAUDERDALE, FL 33308		Mailing Address POST OFFICE BOX 480181 FT. LAUDERDALE, FL 33348	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Filing Number 85-0833960		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTI, CHRISTOPHER 5200 NORTH OCEAN BLVD. #1407 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: _____ (NOTE: Registered Agent signature required when relocating) DATE: _____			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 10. Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	SANTI, CHRISTOPHER	NAME	
STREET ADDRESS	5200 N OCEAN BLVD	STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE, FL 33308	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 807, 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: _____		Date: 4/27/04 954-294-4635	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	