

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000100229

1. Entity Name
MCO CONSULTING, INC.



Principal Place of Business

6600 NW 27 AVE.
STE 208
MIAMI, FL 33147

Mailing Address

6600 NW 27 AVE.
STE 208
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0881409

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNEILL, ANN
6600 NW 27 AVE.
MIAMI, FL 33147

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCNEILL, ANN
6600 NW 27 AVE.
MIAMI, FL 33147

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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09/21/04-80003-002 558.75

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #