

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-26-2004 90003 014 ***150.00

DOCUMENT # P99000057482

1. Entity Name
WARREN MANAGEMENT CONSULTING, INC



Principal Place of Business

**18531 SW 92 PL
MIAMI, FL 33157**

Mailing Address

**18531 SW 92 PL
MIAMI, FL 33157**

2. Principal Place of Business

18531 SW 92 PL

Suite, Apt. #, etc.

3. Mailing Address

18531 SW 92 PL

Suite, Apt. #, etc.



05132004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

Zip
33157

Country

DAVE

City & State

MIAMI FL

Zip
33157

Country

4. FEI Number

65-0937881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARREN, GEORGE A
18531 SW 92 PL
MIAMI, FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**P WARREN, GEORGE A
8041 SW 89TH TERRACE
MIAMI, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 #

George A. Warren

5/20/04 786-293-6726