

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000069152

1. Entity Name
**PHOENIX MANAGEMENT AND CONSULTING OF
FLORIDA, INC.**



Principal Place of Business
**1101 SOUTH ROGERS CIRCLE
SUITE 10
BOCA RATON, FL 33487**

Mailing Address
**1101 SOUTH ROGERS CIRCLE
SUITE 10
BOCA RATON, FL 33487**



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0949149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVINS, GLENN
1101 SOUTH ROGERS CIR
SUITE 10
BOCA RATON, FL 33487**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVINS, GLENN
STREET ADDRESS	11015 S ROGERS CIRCLCE #3
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	V
NAME	LEVINS, GARY
STREET ADDRESS	1101 SOUTH ROGERS CIR SUITE 10
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80016-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4-24-07 561-988-2036 X206

Date

Daytime Phone #