
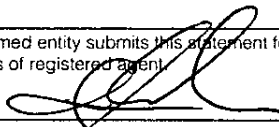
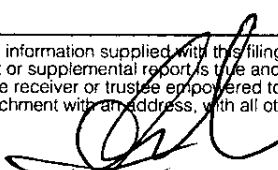


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90025 040 ***150.00

DOCUMENT # P99000087956 1. Entity Name PALINDROME CONSULTING, INC.					
Principal Place of Business 1400 NE MIAMI GARDENS DR. SUITE 100 NORTH MIAMI BEACH FL 33179			Mailing Address C/O LILIAN SREDNI 20900 W. DIXIE HWY. NORTH MIAMI BEACH FL 33180		
2. Principal Place of Business 1380 NE MIAMI GARDENS DR.		3. Mailing Address 1380 NE MIAMI GARDENS DR.			
Suite, Apt. #, etc. Suite 246		Suite, Apt. #, etc. Suite 246			
City & State North Miami Beach, FL		City & State North Miami Beach, FL			
Zip 33179		Country USA		4. FEI Number 65-0957503	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LILIAN SREDNI, P.A. 20900 W. DIXIE HWY NORTH MIAMI BEACH FL 33180			7. Name and Address of New Registered Agent Name: Liliana Sredni, P.A. Street Address (P.O. Box Number is Not Acceptable): 1380 NE MIAMI GARDENS DR. Suite 246 City: North Miami Beach FL Zip Code: 33179		
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:  DATE: 2/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SREDNI, ILAN 20900 W. DIXIE HWY NORTH MIAMI BEACH FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SREDNI, LILIAN 20900 W. DIXIE HWY NORTH MIAMI BEACH FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			3/3/04 305-944-7300 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					