


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90013 040 ***150.00

DOCUMENT # V18573

1. Entity Name
JIM LEVY CONSULTING, INC.



Principal Place of Business
**2722 WEST LAKE ESTATE DR
 DAVIA, FL 33328**

Mailing Address
**2722 WEST LAKE ESTATE DR
 DAVIA, FL 33328 US**

2. Principal Place of Business
3722 WEST LAKE ESTATE DR

3. Mailing Address
3722 WEST LAKE ESTATE DR

Suite, Apt. #, etc.


City & State
DAVIE FL

City & State
DAVIE FL

Zip
33328

Country
USA

54017611



02062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0314948

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAY SCOTT R
 420 LINCOLN ROAD
 SUITE 327
 MIAMI BEACH, FL 33021**

7. Name and Address of New Registered Agent

Name
ABRAHAM LEVY PRESIDENT.

Street Address (P.O. Box Number is Not Acceptable)
3722 W LAKE ESTATE DR

City
DAVIE FL 33328

Zip Code
33328

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 **Abraham Levy PRESIDENT** DATE **2-26-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME LEVY, ABRAHAM	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ABRAHAM LEVY
STREET ADDRESS 2722 WEST LAKE ESTATE	CITY-ST-ZIP DAVIA, FL 33328	STREET ADDRESS 3722 WEST LAKE ESTATE DR	CITY-ST-ZIP DAVIE FL 33328
TITLE D <input type="checkbox"/> Delete	NAME LEVY, MIRIAM	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MIRIAM LEVY
STREET ADDRESS 2722 WEST LAKE ESTATE DR	CITY-ST-ZIP DAVIA, FL 33328	STREET ADDRESS 3722 W LAKE ESTATE DR	CITY-ST-ZIP DAVIE FL 33328
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 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: **Abraham Levy** DATE: **2-26-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR