

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54360

FILED
Apr 04, 2005
Secretary of State

Entity Name: HR PROFESSIONAL CONSULTANTS, INC.

Current Principal Place of Business:

1975 E SUNRISE BLVD
SUITE 604
FT LAUDERDALE, FL 33304 US

New Principal Place of Business:

1975 E SUNRISE BLVD
SUITE 662
FT LAUDERDALE, FL 33304 US

Current Mailing Address:

1975 E SUNRISE BLVD
SUITE 604
FT LAUDERDALE, FL 33304 US

New Mailing Address:

1975 E SUNRISE BLVD
SUITE 662
FT LAUDERDALE, FL 33304 US

FEI Number: 65-0343287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRA J LOZANO
1975 E SUNRISE BLVD
STE #600-B
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LOZANO, SANDRA J.,
Address: 1975 E SUNRISE BLVD STE 604
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: LOZANO, SANDRA J.,
Address: 1975 E SUNRISE BLVD STE 604
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: LOZANO, SANDRA J.,
Address: 1975 E SUNRISE BLVD STE 662
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D (X) Change () Addition
Name: LOZANO, SANDRA J.,
Address: 1975 E SUNRISE BLVD STE 662
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA J LOZANO

PST

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date