

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000025157 1. Entity Name FIRST CALL EMPLOYMENT SERVICES INC.	
--	---

Principal Place of Business 2111 N. STATE RD. 7 HOLLYWOOD, FL 33021	Mailing Address 2111 N. STATE RD. 7 HOLLYWOOD, FL 33021
---	---

DO NOT WRITE IN THIS SPACE



03022003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1021289	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ORDONEZ, GENOVEVA 2111 N. STATE RD. 7 HOLLYWOOD, FL 33021
--

**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 PER Instructions on 5/19/04
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	D ORDONEZ, GENOVEVA 730 SW 100TH TERR. PEMBROKE PINES, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNS, ALEXANDER 730 SW 100TH TERR. PEMBROKE PINES, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000161425
05/24/04-80007-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Genoveva Ordonez 5/19/04 954-961-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #