

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004399

Entity Name: HHHN STAFFING, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

300 71ST ST., SUITE 400
MIAMI BCH, FL 33141

New Principal Place of Business:

300 71ST ST., SUITE 440
MIAMI BCH, FL 33141

Current Mailing Address:

300 71ST ST., SUITE 400
MIAMI BCH, FL 33141

New Mailing Address:

300 71ST ST., SUITE 440
MIAMI BCH, FL 33141

FEI Number: 71-0946377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUBKOFF, WILLIAM
300 71ST ST., SUITE 400
MIAMI BCH, FL 33141 US

Name and Address of New Registered Agent:

ZUBKOFF, WILLIAM
300 71ST ST., SUITE 440
MIAMI BCH, FL 33141 US

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:

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALBUT, RUSSELL
Address: 320 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33139

Title: PD () Delete
Name: ZUBKOFF, WILLIAM
Address: 320 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33139

Title: SD (X) Delete
Name: SCHWARTZ, FELICE
Address: 320 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33139

Title: TD () Delete
Name: KALUS, ELLIOT
Address: 320 COLLINS AVE.
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ZUBKOFF

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date