# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # 662897

1. Entity Name
DEPENDABLE TEMPS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 119 NE 14TH ST<br>MIAMI, FL 33132 | 119 NE 14TH ST<br>MIAMI, FL 33132 |

01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2040175
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

RITTER, GREGORY J.
C/O RITTER & CHUSID
7000 W. PALMETTO PARK RD., SUITE 400
BOCA RATON, FL 33433

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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
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, 2007 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTD |
| NAME | KAPLAN, EDWARD |
| STREET ADDRESS | 10346 NW 4 ST |
| CITY-ST-ZIP | CORAL SPRGS, FL 00000, |
| TITLE | VD |
| NAME | GRUMAN, MIN |
| STREET ADDRESS | 5860 NW 44TH ST #415 |
| CITY-ST-ZIP | LAUDERHILL, FL |
| TITLE | SD |
| NAME | KAPLAN, JUDITH |
| STREET ADDRESS | 10346 NW 4TH ST |
| CITY-ST-ZIP | CORAL SPRINGS, FL |
| TITLE | D |
| NAME | KAPLAN, STEPHEN |
| STREET ADDRESS | 4251 NE 13TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 |
| TITLE | D |
| NAME | SMITH, MARTIN |
| STREET ADDRESS | 4251 NE 13TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/09/07-80004-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Judith Kaplan JUDITH KAPLAN 1/8/07 (305)374-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #