

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432844

FILED
Jan 14, 2005
Secretary of State

Entity Name: HALLMARK PERSONNEL OF FLORIDA, INC.

Current Principal Place of Business:

3201 W. COMMERCIAL BLVD
SUITE 227
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3201 W. COMMERCIAL BLVD
SUITE 227
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 59-1501436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFARO, JEANNE D
3201 W COMMERCIAL BLVD.
SUITE 227
FORT LAUDERDALE, FL 33309 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: PSCM () Delete
Name: ALFARO, JEANNE D
Address: 3201 W. COMMERCIAL BLVD. #227
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VTD () Delete
Name: ALFARO, JOSE E
Address: 3201 W. COMMERCIAL BLVD. #227
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D () Delete
Name: ALFARO, KRISTI M
Address: 10765 CLEARY BLVD APT# 209
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Delete
Name: ALFARO, RICARDO E
Address: 11051 SW 9TH PLACE
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: DURIG, RUDOLPH
Address: 6175 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: DURIG, JULIA A
Address: 6175 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ABUD, KRISTI M
Address: 10765 CLEARY BLVD APT# 209
City-St-Zip: PLANTATION, FL 33324 US

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

SIGNATURE: JEANNE D. ALFARO

PSCM

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date