## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 31, 2005 8:00 am Secretary of State **DOCUMENT # 595014** 1. Entity Name 01-31-2005 90051 039 \*\*\*158 75 ACTION EMPLOYMENT AGENCY, INC. Principal Place of Business Mailing Address 4343 W SUNRISE BLVD PLANTATION FL 33311-1152 4343 W SUNRISE BLVD **PLANTATION FL 33311-1152** 3. Mailing Address 2. Principal Place of Business 4343 W. SUNRISE BLVD 4343 W. SUNRISE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-1924805 PLANTATION FLORIDA PLANTATION Not Applicable DRIDA Zip Country Country 7ip \$8.75 Additional 5. Certificate of Status Desired 33313-6749 U.S 33313-6749 u.s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDMAN, RUBY C Street Address (P.O. Box Number is Not Acceptable) 4343 W SUNRISE BLVD PLANTATION FL 33313 City Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition Delete EDMAN, RUBY G NAME 4343 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS CHTY-ST-7IP PLANTATION FL CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE THILE EDMAN, VINCENT T NAME NAME 4343 W SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP Delete . TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify 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 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

RUBY G. EDMAN DI. 25. 05.

954 - 587 - 3280

Daytme Phone #

FILED