2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90051 039 ***158.75

DOCUMENT # 595014

1. Entity Name

ACTION EMPLOYMENT AGENCY, INC.

Principal Place of Business	Mailing Address
4343 W SUNRISE BLVD PLANTATION FL 33311-1152 US	4343 W SUNRISE BLVD PLANTATION FL 33311-1152 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
4343 W. SUNRISE BLVD	4343 W. SUNRISE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION FLORIDA	City & State: PLANTATION FLORIDA
Zip: 33313-6749 Country: U.S.	Zip: 33313-6749 Country: U.S.

4. FEI Number 59-1924805 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDMAN, RUBY C 4343 W SUNRISE BLVD PLANTATION FL 33313	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDMAN, RUBY G 4343 W SUNRISE BLVD PLANTATION FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EDMAN, VINCENT T 4343 W SUNRISE BLVD PLANTATION FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ RUBY G. EDMAN 01. 25. 05. 954-587-3280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #