

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 662897

1. Entity Name
DEPENDABLE TEMPS, INC.



Principal Place of Business

**119 NE 14TH ST
MIAMI, FL 33132**

Mailing Address

**119 NE 14TH ST
MIAMI, FL 33132**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 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	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/16/04-80004-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04 (305) 374-5161
Date Daytime Phone #