

**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

119 NE 14TH ST
MIAMI, FL 33132

Mailing Address

119 NE 14TH ST
MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

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

U00000577794
01/09/07-80004-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 (305)374-5161
Date Daytime Phone #