


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 694308 1. Entity Name CAREER OPPORTUNITIES PLUS, INC.	
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Principal Place of Business 877 N.W. 61ST STREET FT. LAUDERDALE, FL 33309	Mailing Address 877 N.W. 61ST STREET FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2117506	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAYMOND E SLAPIKAS 877 N.W. 61ST STREET FT. LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP MYERS, KIMBERLY 877 NW 61ST STREET FT LAUD, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLAPIKAS, RAYMOND E 877 N.W. 61ST STREET FT. LAUDERDALE, FL 33309
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07/26/04-80015-017 158.75

**DO NOT WRITE
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:  **7.22.04** **954.453.3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #