

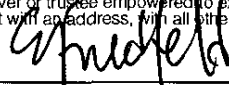


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90030 009 ***150.00

DOCUMENT # 831963 1. Entity Name STAFF BUILDERS SERVICES, INC.					
Principal Place of Business 1983 MARCUS AVENUE, CB7011 LAKE SUCCESS, NY 11042 US			Mailing Address 1983 MARCUS AVENUE, CB 7011 LAKE SUCCESS, NY 11042 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">54002742</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01192004 Chg-P CR2E034 (10/03) </div>	
City & State Zip		City & State Zip			
Country		Country			
4. FEI Number 13-2594932				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD HAPP, JAMES K 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DERR, WILLARD T 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS FRIEDFELD, EDDY 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, WESLEY 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTADO, ROBERT 1983 MARCUS AVENUE LAKE SUCCESS, NY 11042	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> Eddy Friedfeld </div> <div style="width: 20%; text-align: center;"> 1-19-04 <small>Date</small> </div> <div style="width: 20%; text-align: center;"> 516 327-3372 <small>Daytime Phone #</small> </div> </div>					