## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000965

Entity Name: CC STAFFING, INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6551 PARK COMMERCE BLVD NW SUITE 200 BOCA RATON, FL 33487							
Current Mailing Address:				New Mailing Address:			
6551 PARK COMMERCE BLVD NW SUITE 200 BOCA RATON, FL 33487				6551 PARK COMMERCE BLVD NW SUITE 200 ATTN: SHELLEY KAYE BOCA RATON, FL 33487			
FEI Number: 65-0969472 FEI Number Applied For ( ) FEI Number		FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Nam					Address of No	ew Registered Ager	nt:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HENSEL, EMIL	Delete MERCE BLVD., N.W., SUITE 200 L 33487		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	IVES, RICHARD	Delete MERCE BLVD., N.W., SUITE 200 L 33487		Title: Name: Address: City-St-Zip:	IVES, RICHARD	Change()Addition //MERCE BLVD., N.W., S L 33487	UITE 200
Title: Name: Address: City-St-Zip:	LEWIS, DANIEL	Delete MERCE BLVD., N.W., SUITE 200 L 33487		Title: Name: Address: City-St-Zip:	SUSAN, BALL	Change()Addition //MERCE BLVD., N.W., S FL 33487	UITE 200
Title: Name: Address: City-St-Zip:	ANENBERG, VICI	MERCE BLVD., N.W., SUITE 200		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D DIRCKS, THOMA 535 MADISON AV NEW YORK, NY	/ENUE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E SPADONI, EDWA 40 EASTERN AVE MALDEN, MA 02	Ξ.		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN E. BALL S 01/30/2004