


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 045 ***150.00

DOCUMENT # F03000004993 1. Entity Name TANDEM STAFFING SOLUTIONS, INC.	
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Principal Place of Business 1690 S. CONGRESS AVE., STE. 210 DELRAY BEACH, FL 33445	Mailing Address 1690 S. CONGRESS AVE., STE. 210 DELRAY BEACH, FL 33445
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54024306



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0015919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WECHSLER, RAYMOND 1690 S. CONGRESS AVE., STE. 210 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Charles Abadie</i> <i>1690 Congress Avenue</i> <i>Delray Beach, FL 33445</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PORTER, DARRYL 1690 S. CONGRESS AVE., STE. 210 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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.

SIGNATURE:  **3/18/04** **561-4543503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Darryl J. Porter