

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 047 ***150.00

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03022005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000003563 1. Entity Name RETAIL & TECHNICAL EXECUTIVE EMPLOYMENT SERVICES, INC.																													
Principal Place of Business 22641 CARAVELLE CIRCLE BOCA RATON, FL 33433			Mailing Address 22641 CARAVELLE CIRCLE BOCA RATON, FL 33433																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 22-3792240 Applied For <input type="checkbox"/> Not Applicable																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RIVO-LISS, MORISSA F 22641 CARAVELLE CIRCLE BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name RIVO, MORISSA Street Address (P.O. Box Number is Not Acceptable) 22641 CARAVELLE CIRCLE City BOCA RATON FL 33433																									
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 <u>Morissa Rivo</u> DATE <u>4/15/2005</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">C</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RIVO-LISS, MORISSA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22641 CARAVELLE CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> </table>			TITLE	C	<input type="checkbox"/> Delete	NAME	RIVO-LISS, MORISSA F		STREET ADDRESS	22641 CARAVELLE CIRCLE		CITY-ST-ZIP	BOCA RATON, FL 33433		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">RIVO, MORISSA</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>22641 CARAVELLE CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOCA RATON, FL 33433</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	RIVO, MORISSA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	22641 CARAVELLE CIRCLE		STREET ADDRESS	BOCA RATON, FL 33433		CITY-ST-ZIP		
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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: <u>Morissa Rivo</u> DATE <u>4/15/2005</u> DAYTIME PHONE # <u>561-447-1018</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>																													