2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005907

Name:

Address:

City-St-Zip:

FILED May 04, 2005 Secretary of State

Entity Nar	me: M.E.C. PERS	SONNEL CONSULTANTS	S, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6555 NW 9TH AVE SUITE 107 FORT LAUDERDALE, FL 33309 US			SUITE 114	2645 EXECUTIVE PARK DRIVE SUITE 114 WESTON, FL 33331 US		
Current M	ailing Address:			New Mailing Address:		
	HENSON HWY 480831130 US					
FEI Number:	: 38-3171298 FE	El Number Applied For()	FEI Number Not App	licable () Certi	ificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and	Name and Address of New Registered Agent:		
CHERNOW, AARON 6555 NW 9TH AVE SUITE 107 FORT LAUDERDALE, FL 33309 US			2645 EXE SUITE 114	ROMAN, DAVID 2645 EXECUTIVE PARK DRIVE SUITE 114 WESTON, FL 33331 US		
	named entity subn e of Florida.	mits this statement for the	purpose of changing	ts registered office	or registered agent, or both,	
SIGNATURE: DAVID ROMAN					05/04/2005	
	Electronic S	Signature of Registered A	gent		Date	
	, ,,	(b), F.S., the corporation did rust Fund Contribution ().	not receive the prior notic	e.		
	S AND DIRECTOR	• •	ADDITION	IS/CHANGES TO C	FFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Dele OPITZ, GEORGE 431 STEPHENSON I TROY, MI 48083		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	S () Dele CHERNOW, DAVID 431 STEPHENSON I TROY, MI 48083		Title: Name: Address: City-St-Zip:	()Chan	ge () Addition	
Title: Name: Address: City-St-Zip:	T () Dele ENGELMAN, DANIEL 431 STEPHENSON H TROY, MI 48083	L	Title: Name: Address: City-St-Zip:	VP (X) Chan CHERNOW, AARON 431 STEPHENSON H TROY, MI 48083	ge()Addition	
Title:	()Dele	ete	Title:	T () Chan	ge (X) 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.

Name:

Address:

City-St-Zip:

JORDAN, ANDREW

TROY, MI 48083

431 STEPHENSON HWY

SIGNATURE: ANDREW JORDAN 05/04/2005 Τ