

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005183

FILED
Feb 12, 2004
Secretary of State

Entity Name: MAGLIO-ACCUFACFS PRE-EMPLOYMENT SCREENING, INC.

Current Principal Place of Business:

2180 SR 434 W.
SUITE 4150
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 SR 434 W.
SUITE 4150
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 13-4108277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LUIZZO, PHILIP
Address: 2180 SR 434 W.,STE. 4150
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: SVEDESE, JOHN
Address: 2180 SR 434 W.,STE. 4150
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: LUIZZO, ANTHONY
Address: 213 FATHER CAPODANNO BLVD.
City-St-Zip: STANTEN ISLAND, NY 10305

Title: D () Delete
Name: PATTERSON, JAMES
Address: 79 BAY 13TH ST.
City-St-Zip: BROOKLYN, NY 11214

Title: D () Delete
Name: MAGLIO, RICHARD
Address: 2180 SR 434, STE. 4150
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILIP LUIZZO

PD

02/12/2004

Electronic Signature of Signing Officer or Director

_____ Date