## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 27, 2006 8:00 am Secretary of State **DOCUMENT #L03000037291** 04-27-2006 90031 026 \*\*\*\*50 00 CAN-AM JOBS RECRUITING AND PLACEMENT CENTER, Principal Place of Business Mailing Address 3223 N.W. 10TH TERRACE, SUITE 610 3223 N.W. 10TH TERRACE, SUITE 610 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 3730 Coconut Creek Pkway 79 Coventry Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) Suite 120 Suite 6 City & State Applied For City & State 4. FEI Number Newport, VY Coconut Creek, FI 76-0727562 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33066 USA 05855-2100 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOBS RECRUITING AND PLACEMENT CENTER PARENTEAU, RICHARD SR Street Address (P.D. Box Number is the Acceptable 3223 N.W. 10TH TERRACE, SUITE 610 FORT LAUDERDALE, FL 33309 Cocohu 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. Richard Parenteau St President SIGNATURE . Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES DPS TITLE Delete TITLE Change Addition PARENTEAU, RICHARD SR NAME NAME Parenteau hov d 3223 NW 10TH TERRACE STE 610 STREET ADDRESS STREET ADDRESS 79 Coventry Street, CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-7IP 05822-5100 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that ply signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 1-800-613-06516

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #