2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000057481

1. Entity Name

CAREERSUSA NEWARK, LLC



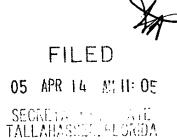
Principal Place of Business

Mailing Address

6501 CONGRESS AVE.

SUITE 200 BOCA RATON, FL 33487 6501 CONGRESS AVE. Suite 200

BOCA RATON, FL 33487





01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0568281

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(561) 995-7000

Date

OUNJIAN, JENNIFER L

6. Name and Address of Current Registered Agent

6501 CONGRESS AVE. SUITE 200 BOCA RATON, FL 33487

DC	NOT	WRITE
IN	THIS	SPACE

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	
	iling Fee Is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREERS USA, INC. 6501 CONGRESS AVE. BOCA RATON, FL 33487	400052	1227CO/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/10/05010	4227594 186001 **1300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. 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 is true and accurate and that my 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.				

Marilyn J. Ounjian, MM

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE