2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L18935

1. Entity Name
CONTRACT LABOR, INC.

Principal Place of Business
919 NE 5TH AVE
FORT LAUDERDALE, FL 33304

Mailing Address
119 NE 14TH ST.
MIAMI, FL 33132

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0165452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J. E
7000 W. PALMETTO PARK RD. SUITE 400
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GRUMAN, MINNIE R.
STREET ADDRESS	119 NE 14TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	KAPLAN, JUDITH, W
STREET ADDRESS	10346 NW 4TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	STD
NAME	KAPLAN, EDWARD, H
STREET ADDRESS	10346 NW 4TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178467
01/12/05-80027-025 150.00

DO NOT WRITE IN THIS SPACE

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: Judith W. Kaplan JUDITH W KAPLAN 1/7/05 (954)463-2792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #