


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L18935**  
 1. Entity Name  
**CONTRACT LABOR, INC.**



Principal Place of Business                      Mailing Address  
 919 NE 5TH AVE                                      119 NE 14TH ST.  
 FORT LAUDERDALE, FL 33304                      MIAMI, FL 33132



01062006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number                      Applied For  
**65-0165452**                      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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	

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 01/12/06-80029-002 150.00

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12. 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 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      1/6/06      (954) 463-2793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #