


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90026 006 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01142008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name **Ritter, Gregory J.**
 Street Address (P.O. Box Number is Not Acceptable)
 % **Ritter & Chusid**
5850 Coral Ridge Drive
 City **Coral Springs, FL** Zip Code **33076**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	GRUMAN, MINNIE R.	
STREET ADDRESS	119 NE 14TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, JUDITH, W	
STREET ADDRESS	10346 NW 4TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KAPLAN, EDWARD, H	
STREET ADDRESS	10346 NW 4TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Judy Kaplan 1/14/08 (305) 374-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #