
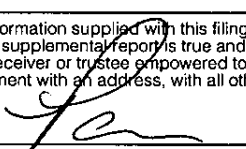


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90041 014 ****61.25

DOCUMENT # N01000005345 1. Entity Name BUSINESS RESOURCE GROUP OF SOUTH FLORIDA, INC.					
Principal Place of Business 549 N.W. 105 DR. CORAL SPRINGS, FL 33071			Mailing Address 549 N.W. 105 DR. CORAL SPRINGS, FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAT TANDON 549 NW 105 DRIVE POMPANO BEACH, FL 33071				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANDON, PAT <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	549 N.W. 105 DR.		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WACHTSTETTER, TOM		NAME	<i>P.D. Donhauser, John</i>	
STREET ADDRESS	5150 SW 70TH AVENUE		STREET ADDRESS	<i>4373 NW 124th Ave</i>	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	<i>Coral Springs, FL 33317</i>	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOHAUSER, JOHN		NAME	<i>TD Ivanoff, Peter</i>	
STREET ADDRESS	4373 NW 124TH AVENUE		STREET ADDRESS	<i>4501 Jackson Street</i>	
CITY-ST-ZIP	CORAL SPRINGS, FL 33317		CITY-ST-ZIP	<i>Hollywood, FL 33021</i>	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IVANOFF, PETER		NAME	<i>SD Melgaard, Dwight</i>	
STREET ADDRESS	4801 JACKSON STREET		STREET ADDRESS	<i>7890 Peters Rd. #</i>	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	<i>Plantation, FL 33324</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 			01/27/04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					