2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000005345

BUSINESS RESOURCE GROUP OF SOUTH FLORIDA,



FILED

May 02, 2005 8:00 am Secretary of State

05-02-2005 90979 042 ****61.25

INC.				6		7				
Principal Place of Business 549 N.W. 105 DR. CORAL SPRINGS, FL 33071		549 N.	Mailing Address 549 N.W. 105 DR. CORAL SPRINGS, FL 33071				4 (11)			
2. Principal P	Place of Business	3. Mailing	Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			03302005	Chg-NP	CR2E00	37 (10/03)	
City & State		City 8	City & State			4. FEI Numbe 65-113			_ 	plied For
Zip	Country	Zip		Country	y		of Status Desired		\$8.75 Add	litional
	6. Name and Address of Curi	ent Registered	Agent			7. Name and	Address of New			
				٨	Name					
549 NW 10			Street Addres			(P.O. Box Number is Not Acceptable)				
, ON AN	J DENOTI, I'E 3300 I					-				
	i be rjust Stage	•						FL	Zip Code	э
	named entity submits this stateme tions of registered agent.	nt for the purpos	e of changing its re	gistered o	office or regis	stered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
		:								
SIGNATURE	Signature, typed or printed name of registered		ble. (NOTE: R	egistered Age	gent signatura requ	ired when reinstating)	·····	DATE		
	Filing Fee is \$61.25		9. Election Camp Trust Fund Cor			\$5.00 May B Added to Fees	,c _		c payable to tment of St	
10.	Filing Fee is \$61.25 Due by May 1, 2005			ntribution.		Added to Fees	Flo	rida Depar	tment of St	tate
10. Title	Filing Fee is \$61.25					Added to Fees	,c _	rida Depar	tment of St	tate
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND TANDON, PAT		Trust Fund Cor	11. TITLE NAME		Added to Fees	Flo	rida Depar	tment of SI	10
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND VD TANDON, PAT 549 N.W. 105 DR.	DORECTORS	Trust Fund Cor	11. TITLE NAME STREET A	ADDRESS	Added to Fees	Flo	rida Depar	tment of SI	10
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12. I hereby certify that the information supplied with this filling 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 trub 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #