2005 FOR PROFIT CORPORATION

indicated on this report or supplement of the corporation or the receiver or

changed, or on an attachment w

SIGNATURE:

port is true as

like empowered.

GR.OB DIRECTOR

May 04, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000070132** 05-04-2005 90177 015 ***150.00 ABL RECRUITING GROUP, INC. Principal Place of Business Mailing Address 700 VIA LUGANO CIRCLE 4000 ISLAND BLVD **SUITE 302** SUITE 902 **BOYNTON BEACH, FL. 33436** AVENTURA, FL 33160 2. Principal Place of Business 4540 Portaction 3. Mailing Address 4540 Suite, Apt. #, etc Chg-P CR2E034 (10/03) 05022005 205 Applied For 4. FFI Number 65-1026273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required JS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEAR, MARC A 4000 ISLAND BLVD **SUITE 902** AVENTURA, FL 33160 Zip Code 33409 is 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 6. The above name ntity submit# # the obligation distered a SIGNATURE Signature: typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Defete DPST Change Addition TITLE TITLE SHEAR, MARC A NAME STREET ADDRESS 4000 ISLAND BLVD #902 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP ☐ Delete nne ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition MITE THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS 1-5-6 CITY-ST-ZIP CHY-ST-ZIP bes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information curate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supply 🕽 with this filing

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