

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079051

Entity Name: NURSES TO USA, INC.

FILED
Mar 21, 2005
Secretary of State

Current Principal Place of Business:

9200 NW 39TH AVE
140
GAINESVILLE, FL 32606

Current Mailing Address:

9200 NW 39TH AVE
140
GAINESVILLE, FL 32606

New Principal Place of Business:

500 NW 60TH TERRACE
C
GAINESVILLE, FL 32607

New Mailing Address:

500 NW 60TH TERRACE
C
GAINESVILLE, FL 32607

FEI Number: 59-3669791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVAL, RAYMUND
8303 NW 36TH AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAVAL, RAYMUND
Address: 8303 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: IZON, ANGELITO
Address: 8522 NW 35TH RD
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: RAVAL, JOCELYN B
Address: 8303 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Delete
Name: BALTAZAR, JOSE M III
Address: 4301 NW 21ST TERR.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BALTAZAR, JOSE M III
Address: 4301 NW 21ST TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: S/T (X) Change () Addition
Name: RAVAL, JOCELYN B
Address: 8303 NW 36TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMUND V. RAVAL

P

03/21/2005

Electronic Signature of Signing Officer or Director

Date