


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100540
 1. Entity Name
COOPERATIVE CARE STAFFING, INC.



Principal Place of Business 5533-B HWY. 90 PACE, FL 32571	Mailing Address 5533-B HWY. 90 PACE, FL 32571
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3678990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CALLAWAY, MARY M
 1600 N. PALAFOX ST.
 PENSACOLA, FL 32501

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 renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARG, ANJU 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARG, P.K. 4534 AMBLEWOOD CT MILTON, FL 32571
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 05/10/06-80042-008 150.00

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: P. K. Garg Purushottam K Garg 4-24-06 850-955-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #