2006 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P01000049964** 1. Entity Name SOUTH FLORIDA RECRUITERS, INC. Mailing Address Principal Place of Business 213 NORTHEAST 211TH TERRACE 213 NORTHEAST 211TH TERRACE MIAMIL FL 33179 US MIAMI, FL 33179 US 03122006 No Chg-P CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1107511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BERKOVITS, LAGO & COMPANY, LLP DO NOT WRITE 8211 W BROWARD BLVD #340 PLANTATION, FL 33324 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE OZROVITZ, KEVIN E NAME U00000497762 04/22/06-80069-002 150.00 213 NORTHEAST 211 TERRACE STREET ADDRESS MIAMI, FL 33179 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DDF NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby cartify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 will, in address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED

3-5-479-4791