

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |         |                                                                                                                                                                         |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000084099</b><br>1. Entity Name<br><b>STAFFING SOLUTIONS EXTENDED SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |         |                                                                                                                                                                         |                                                     |  |
| Principal Place of Business<br><b>2500 QUANTUM LAKES DR., STE. 203<br/>BOYNTON BEACH, FL 33426</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |         | Mailing Address<br><b>PO BOX 740524<br/>BOYNTON BEACH, FL 33474-0524</b>                                                                                                |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                               |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |         | City & State                                                                                                                                                            |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | Country |                                                                                                                                                                         | Zip                                                                                                                                  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | Country |                                                                                                                                                                         | 4. FEI Number<br><b>65-1133542</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |         |                                                                                                                                                                         | Applied For<br>No: Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>CASCIO, CARL A ESQ<br/>525 NE 3RD AVENUE<br/>SUITE 102<br/>DELRAY BEACH, FL 33444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       |         |                                                                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |         |                                                                                                                                                                         |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                  |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DPST<br>COOPER, SYLVIA<br>2500 QUANTUM LAKES DR., STE. 203<br>BOYNTON BEACH, FL 33426 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: right;">             UN0000238862<br/>             02/22/05-80018-003 150.00           </div> |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                       |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <b>Feb 18 05</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |         |                                                                                                                                                                         |                                                                                                                                      |  |