**FILED**
**Jun 16, 2004 8:00 am**
**Secretary of State**
05-04-2004 90117 036 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000089413

1. Entity Name
ALPHASTAFF SYSTEMS V, INC.

00260314

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 115<br>BOCA RATON, FL 33487 | 115<br>BOCA RATON, FL 33487 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1801 Clint Moore Road | 1801 Clint Moore Road |
| Suite, Apt. #, etc.<br>Suite 115 | Suite, Apt. #, etc.<br>Suite 115 |
| City & State<br>Boca Raton, FL | City & State<br>Boca Raton, FL |
| Zip / County<br>33487 / Palm Beach | Zip / County<br>33487 / Palm Beach |

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1141336

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COURTNEY-CALVERT
4900 MANAGEE AVE WEST STE 101
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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: X Barbara A Burke 6-14-04
Signature of new registered agent, if applicable (NOTE: Registered agent signature required by law) Date

BARBARA A BURKE
SPECIAL ASSISTANT Secretary

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| Title / Name / Street Address / City-St-Zip | CEO<br>BECK, II, ROBERT A<br>1601 CLINT MOORE ROAD, SUITE 115<br>BOCA RATON, FL 33487 | ☐ Delete |
| Title / Name / Street Address / City-St-Zip | | ☐ Delete |
| Title / Name / Street Address / City-St-Zip | | ☐ Delete |
| Title / Name / Street Address / City-St-Zip | | ☐ Delete |
| Title / Name / Street Address / City-St-Zip | | ☐ Delete |
| Title / Name / Street Address / City-St-Zip | | ☐ Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|---|
| Title / Name / Street Address / City-St-Zip | CEO<br>RICHARD NORTAKE<br>1801 CLINT MOORE RD STE 115<br>BOCA RATON, FLA 33487 | ☐ Change ☑ Addition |
| Title / Name / Street Address / City-St-Zip | VP<br>THOMAS FREY<br>1801 CLINT MOORE RD STE 115<br>BOCA RATON, FLA 33487 | ☐ Change ☑ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |
| Title / Name / Street Address / City-St-Zip | | ☐ Change ☐ Addition |

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

SIGNATURE: [signature] 4/30/04 (561) 544-9545
Signature of Officer or Director / Name of Officer or Director / Date / Daytime Phone