2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091199

Entity Name: AMERICAN STAFF RESOURCES CORPORATION IV

FILED Sep 07, 2005 Secretary of State

Linty Name. AMERICAN STAFF RESOURCES CC	RECRATION IV		
Current Principal Place of Business:	New Principal Place	New Principal Place of Business:	
2100 MCKINNEY AVENUE SUITE 1700 DALLAS, TX 75201	5101 NW 21ST AVE SUITE 350 FORT LAUDERDALE,		
Current Mailing Address:	New Mailing Address	New Mailing Address:	
5101 NW 21ST AVE STE 350 FORT LAUDERDALE, FL 33309			
FEI Number: 75-2956561 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US			
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered A	gent	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD () Delete	Title: P	(X) Change () Addition	

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 PIXLER, DANNY L
 Name:
 BEAN, THOMAS

 Address:
 5101 NW 21ST AVE STE 350
 Address:
 5101 NW 21ST AVE STE 350

 City-St-Zip:
 FORT LAUDERDALE, FL 33309
 City-St-Zip:
 FORT LAUDERDALE, FL 33309

Title: S (X) Delete Title: () Change () Addition

 Name:
 CAMPITIELLO, PETER
 Name:

 Address:
 477 MADISON AVE
 Address:

 City-St-Zip:
 NEW YORK, NY 10022
 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: THOMAS BEAN P 09/07/2005