

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020996

FILED
Apr 13, 2005
Secretary of State

Entity Name: NASON TEMP SOLUTIONS, INC.

Current Principal Place of Business:

501 BRICKELL KEY AVE
SUITE 202
MIAMI, FL 33131

New Principal Place of Business:

2 ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES, FL 33134

Current Mailing Address:

501 BRICKELL KEY AVE
SUITE 202
MIAMI, FL 33131

New Mailing Address:

PO BOX 144215
CORAL GABLES, FL 33114 DA

FEI Number: 04-3608132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASON, DENNIS H MR
1050 ANDORA AVE
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: NASON, DENNIS H
Address: 1050 ANDORA AVE
City-St-Zip: MIAMI, FL 33146

Title: DVP () Delete
Name: AYMERICH, ALEXANDRA
Address: 1570 DELGADO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: DVP () Delete
Name: NASON, DUSTIN C MR
Address: 4070 MATHENSON AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DENNIS H. NASON

MR

04/13/2005

Electronic Signature of Signing Officer or Director

Date