2003 FOR PROFIT CORPORATION

UN	IFUR	M DOSINE	:55	KEPUK	r (i	ubk)			Apr 02, 200	JJ 0.1	oo am	
DOCUMENT # P02000075903 1. Entity Name HOSPITALITY RECRUITING SERVICES, INC.								Secretary of State 04-09-2003 90191 004 ***150.00				
Principal Place of Business 1676 GOLDENEYE LANE HOMESTEAD FL 33033				Mailing Address 1676 GOLDENEYE LANE HOMESTEAD FL 33033								
2. Principal Place of Business				3. Mailing Address					1 (881:00) 314 BALLA 41615 BAIN1 62111 94111 GE		/111 BEIGO 1111 1001	
1676 S. GOLDENEYE LANE Suite, Apt. #, etc.			Suite	1676 S. GOLDENEYE Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat		7-L	City	& State OMESTEAD	7				El Number 3 - 4204791		Applied For Not Applicable	
Zip 3303	_	Country	Zip	3035	Cour	ntry			ertificate of Status Desired	\$8.75 Fee Requ	Additional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name				<u> </u>	· -	
VICHA, DEBRA T						Street Address (P.O. Box Number is Not Acceptable)						
1676 GOLDENEYE LANE						Street Au	——————————————————————————————————————	.0. 50	A Number is Not Acceptable)			
HOMESTE	AD FL 330	33 ⁻ -										
						City				Zip C		
									<u>_</u>	- <u>- </u>	·	
	named entitions of regist		r the purp	ose of changing its	register	ed office or r	registere	ed agei	nt, or both, in the State of Florida. Ta	am familiar wi	th, and accept	
the congat	iona or region	() /	111.	1 7.00		- J-	e e		4/-1	<i>'</i>		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)								ubon min	(Control Control Contr	<u>03 </u>		
	Signature, typed	or printed name or registered agent	ало ше п арр	icable. (NOTE	:: Registere		e required	when rein	istating) VIAI	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	
TITLE	P			☐ Delete	TITL	E T		SI	DENT	(X.Chang		
NAME STREET ADDRESS		DENEYE LANE				EET ADDRESS	VIC	16.	DEBRA T SOUTH GOLDENEYE LA	U		
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NAME STREET ADDRESS					NAM STRE	ET ADDRESS						

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 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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