

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90130 044 \*\*\*150.00

**DOCUMENT # P02000079100**

1. Entity Name

FIRST QUALITY NURSES REGISTRY, INC.



Principal Place of Business

3800 W BROWARD BLVD  
111  
FT LAUDERDALE, FL 33312

Mailing Address

1300 ST CHARLES PL #720  
720  
PEMBROKE PINES, FL 33026

04000100



02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

71-0947464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

*New* → *Booth Beverly*  
*BOOTH, ANNETTE*  
*4414 WEST OAKLAND PARK BLVD*  
*LAUDERDALE LAKES, FL 33313*  
*#720*  
*Pembroke Pines*  
*FL 33026*

**DO NOT WRITE  
IN THIS SPACE**

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

*Beverly Booth*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/22/04*

DATE

**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  
DS  
BOOTH, ANNETTE  
3800 W BROWARD BLVD  
FT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PDT  
BOOTH, BEVERLY  
3800 W BROWARD BLVD  
FT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beverly Booth (Beverley Booths)*

Date

*4/22/04*

Daytime Phone #