

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101666

FILED
Jun 28, 2005
Secretary of State

Entity Name: PROMED PERSONNEL SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

INFINITE PERSONNEL SERVICES, INC.
19 WEST 44TH STREET, RM. 316
NEW YORK, NY 10036

New Principal Place of Business:

INFINITE PERSONNEL SERVICES, INC.
18 EAST 41ST STREET, 14TH FLOOR
NEW YORK, NY 10017

Current Mailing Address:

INFINITE PERSONNEL SERVICES, INC.
19 WEST 44TH STREET, RM. 316
NEW YORK, NY 10036

New Mailing Address:

INFINITE PERSONNEL SERVICES, INC.
18 EAST 41ST STREET, 14TH FLOOR
NEW YORK, NY 10017

FEI Number: 55-0798055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISS, CARY
Address: 19 WEST 44TH ST., RM. 316
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEISS, CARY
Address: 18 EAST 41ST STREET, 14TH FLOOR
City-St-Zip: NEW YORK, NY 10017

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: CARY WEISS

D

06/28/2005

Electronic Signature of Signing Officer or Director

Date