

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90048 045 ***158.75

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1. Entity Name
STRATEGIC MANAGEMENT & STAFFING, INC.



Principal Place of Business
**962 WEST 43 PLACE
HIALEAH, FL 33012**

Mailing Address
**962 WEST 43 PLACE
HIALEAH, FL 33012**

50010206



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0059793

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, AYMEE
962 WEST 43 PLACE
HIALEAH, FL 33012**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D FERNANDEZ, AYMEE 962 WEST 43 PLACE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, KATHERYN 962 WEST 43 PLACE HIALEAH, FL 33012
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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:

Aymee Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aymee Fernandez
President

01/10/2005
Date

(305) 804-6676
Daytime Phone #