

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000001781

1. Entity Name
STAFF-1703, CORP.



Principal Place of Business
9601 COLLINS AVENUE
APT. #1703
BAL HARBOUR, FL 33154 US

Mailing Address
9601 COLLINS AVENUE
APT. #1703
BAL HARBOUR, FL 33154 US



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
45-0499948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A ESQ.
2450 NE MIAMI GARDENS DRIVE
SECOND FLOOR
NORTH MIAMI BEACH, FL 33180

**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 P
NAME ZILBERMAN, LAZARO
STREET ADDRESS 9601 COLLINS AVENUE, #1703
CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE VP,S
NAME ZILBERMAN, LUCIANA
STREET ADDRESS 9601 COLLINS AVENUE, #1703
CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/15/05-B0020-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4-12-05

Date

Daytime Phone # _____