## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000008836

Entity Name: HOSPIQUALITY STAFFING, INC.

FILED May 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

440 N. HYER AVENUE 10805 WILLIAM AND MARY CT ORLANDO, FL 32803

ORLANDO, FL 32821

**Current Mailing Address: New Mailing Address:** 

440 N. HYER AVENUE 10805 WILLIAM AND MARY CT

ORLANDO, FL 32803 ORLANDO, FL 32821

FEI Number: 82-0582767 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, MARTHA Y MARTINEZ, MARTHA Y 440 N HYER AVENUE 10805 WILLIAM AND MARY CT ORLANDO, FL, FL 32803 ORLANDO, FL, FL 32803

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: MARTHA Y MARTINEZ 05/01/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MARTINEZ, MARTHA Y MARTINEZ, MARTHA Y Name: Name: 440 N HYER AVENUE Address: 10805 WILLIAM AND MARY CT Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: ORLANDO, FL 32821

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 Statutés. 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.

Ρ SIGNATURE: MARTHA Y MARTINEZ 05/01/2004

Electronic Signature of Signing Officer or Director

Date