

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013216

FILED
Apr 28, 2004
Secretary of State

Entity Name: NATIONAL PHARMACY RECRUITERS, INC.

Current Principal Place of Business:

5960 NW 79TH WAY
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

5960 NW 79TH WAY
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 06-1676581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODERICK, CLAUDIA R
5960 NW 79TH WAY
PARKLAND, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRODERICK, CLAUDIA
Address: 5960 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33076

Title: V (X) Delete
Name: SHAKTMAN, SCOTT
Address: 2600 SW 15TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: BRODERICK, CLAUDIA
Address: 5960 NW 79TH WAY
City-St-Zip: PARKLAND, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDIA BRODERICK

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date