


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90001 030 ***158.75

DOCUMENT # P03000014877					
1. Entity Name RECRUITING ASSOCIATES INTERNATIONAL, INC.					
Principal Place of Business 1560 SAWGRASS CORP. PKWY FORTH FLOOR SUNRISE, FL 33331			Mailing Address 1560 SAWGRASS CORP. PKWY FORTH FLOOR SUNRISE, FL 33331		
2. Principal Place of Business - No P.O. Box # 500 Weston Rd.		3. Mailing Address 500 Weston Rd.			
Suite, Apt. #, etc. Ste. 105		Suite, Apt. #, etc. Ste. 105			
City & State Weston, Florida		City & State Weston, FL			
Zip 33331		Country USA		4. FEI Number 51-0444603	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIGAL, ANA V 3350 SW 148TH AVENUE STE. 110 MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name: A. Vivian Rigal Street Address (P.O. Box Number is Not Acceptable): 500 Weston Rd. Ste. 105 City: Weston FL Zip Code: 33331		
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: <u>A. Vivian Rigal</u> DATE: <u>9/08/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: RIGAL, ANA V STREET ADDRESS: 3350 SW 148TH AVENUE, STE. 110 CITY-ST-ZIP: MIRAMAR, FL 33027	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500 Weston Rd., Ste 105 STREET ADDRESS: Weston, FL 33331 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>A. Vivian Rigal</u>			Date: <u>9-08-07</u> Daytime Phone #: <u>954.815.4691</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					