


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000015293 1. Entity Name FRANCO'S JOB OPPORTUNITIES INC.	
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Principal Place of Business 2368 S.W. 32ND AVE. MIAMI, FL 33145	Mailing Address 2368 S.W. 32ND AVE. MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRANCO, SERGIO 2368 S.W. 32ND AVE. MIAMI, FL 33145	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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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1000000312388
04/18/05-80077-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCO, SERGIO 2368 S.W. 32ND AVE. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCO, SARITA 2368 S.W. 32ND AVE. MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 	4/15/05	305-442-8772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #