

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000099626

1. Entity Name
HEALTH FORCE STAFFING, INC.



Principal Place of Business
10880 NW 29 MANOR
SUNRISE, FL 33322

Mailing Address
10880 NW 29 MANOR
SUNRISE, FL 33322



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2125749

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

ESPEJO, JOSE F
10880 NW 29 MANOR
SUNRISE, FL 33322

**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

Jose F. Espejo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/29/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ESPEJO, JOSE F
STREET ADDRESS 10880 NW 29 MANOR
CITY-ST-ZIP SUNRISE, FL 33322

TITLE VP
NAME DUPLESSY, LESLY MR.
STREET ADDRESS 4772 NW 2ND CT.
CITY-ST-ZIP PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1000000486866
04/13/06-80053-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jose F. Espejo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

Daytime Phone #