

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90166 019 ***158.75

DOCUMENT # P03000135156

1. Entity Name

SUPER TEMP SOLUTIONS, INC.



Principal Place of Business

5976 20TH ST., STE. 175
VERO BEACH FL 32966

Mailing Address

5976 20TH ST., STE. 175
VERO BEACH FL 32966

2. Principal Place of Business

931 VILLAGE BLVD

Suite, Apt. #, etc.

905 - 121

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

3. Mailing Address

931 VILLAGE BLVD

Suite, Apt. #, etc.

905 - 121

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA



1st MOORE

CR2E034 (10/05)

4. FEI Number

54-2132237

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALGACS, CSABA
5976 20TH ST., STE. 175
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name

ALGACS, CSABA

Street Address (P.O. Box Number is Not Acceptable)

931 VILLAGE BLVD, STE. 905-121

City

WEST PALM BEACH

FL

Zip Code

33409

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

[Signature]

CSABA ALGACS PRESIDENT

02/27/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ALGACS, CSABA
STREET ADDRESS 5976 20TH ST., STE. 175
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

[Signature]

CSABA ALGACS PRESIDENT 02/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #