
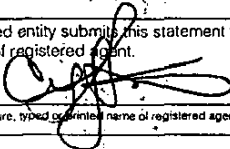
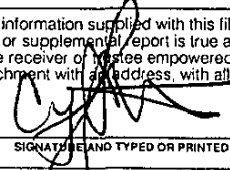


FILED  
Mar 29, 2005 8:00 am  
Secretary of State

03-29-2005 90016 030 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000058187</b>			
1. Entity Name <b>RETAIL &amp; RESTAURANT RECRUITERS INC.</b>			
Principal Place of Business <b>1749 NE 39TH ST OAKLAND PARK, FL 33334</b>		Mailing Address <b>1749 NE 39TH ST OAKLAND PARK, FL 33334</b>	
2. Principal Place of Business <b>4101 N. Andrews Ave.</b>		3. Mailing Address <b>4101 N. Andrews Ave.</b>	
Suite, Apt. #, etc. <b>Suite 114</b>		Suite, Apt. #, etc. <b>Suite 114</b>	
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>	
Zip <b>33309-4769</b>		Zip <b>33309-4769</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>20-0975756</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SMITH, CLIFF JR. 1749 NE 39TH ST OAKLAND PARK, FL 33334</b>		7. Name and Address of New Registered Agent Name <b>Smith, Clifford Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 NE 21ST Lane</b> City <b>Ft. Lauderdale FL 33308-1040</b>	
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) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SMITH, CLIFF JR. 1749 NE 39TH ST OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4101 N. Andrews Ave., Ste. 114 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MCADOO, PATRICK 1749 NE 39TH ST OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4101 N. Andrews Ave., Ste. 114 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CLIFF JR. 1749 NE 39TH ST OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4101 N. Andrews Ave., Ste. 114 Ft. Lauderdale, FL 33309
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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 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: 		Date _____ Daytime Phone # _____	