

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078117

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: CERTIFIED STAFFING SERVICES CORP. I

## Current Principal Place of Business:

5101 NW 21ST AVENUE  
SUITE 350  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

5101 NW 21ST AVENUE  
SUITE 350  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 87-0726295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PIXLER, DANNY L  
Address: 5101 NW 21ST AVENUE SUITE 350  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S (X) Delete  
Name: CAMPITIELLO, PETER  
Address: 477 MADISON AVENUE 14TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: T (X) Delete  
Name: STEEN, RICK  
Address: 5101 NW 21ST AVENUE SUITE 350  
City-St-Zip: FT. LAUDERDALE, FL 33306

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY L PIXLER

P

09/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date