

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136225

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** BEST BENEFIT STAFFING AGENCY INC.

**Current Principal Place of Business:**

PO BOX 612882  
N MIAMI, FL 33261

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 612882  
N MIAMI, FL 33261

**New Mailing Address:**

**FEI Number:** 34-2018356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, HOWARD R CPA  
1515 NUNIVERSITY DR STE 109  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

LEONARD, BLUMSTEIN CPA  
1515 NUNIVERSITY DR STE 114  
CORAL SPRINGS, FL 33071 US

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:** LEONARD BLUMSTEIN, CPA

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Change (X) Addition  
**Name:** WILLIE, SAINTIDOR  
**Address:** PO BOX612882  
**City-St-Zip:** N.MIAMI BEACH, FL 33261

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:** WILLIE SAINTIDOR

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date