

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

4/1

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-06-2006 90009 023 ***150.00

DOCUMENT # P05000063587 1. Entity Name FORCE ONE STAFFING, INC.																																			
Principal Place of Business 18331 PINES BLVD. # 197 PEMBROKE PINES, FL 33029		Mailing Address 18331 PINES BLVD. # 197 PEMBROKE PINES, FL 33029																																	
2. Principal Place of Business 1740 SW ST LUCIE W BLVD		3. Mailing Address 1740 SW ST LUCIE W BLVD																																	
State, Apt. #, etc. 207		State, Apt. #, etc. 207																																	
City & State PORT ST LUCIE, FL		City & State PORT ST. LUCIE, FL																																	
Zip 34986		Zip 34986																																	
Country USA		Country USA																																	
4. FEI Number 20-2762580		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent WILLIAMS, IRWIN CPA 8813 N.W. 23RD ST. MIAMI, FL 33172		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																	
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: DATE: 3/23/06 (NOTE: Registered Agent signature required when renewing)																																			
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> P OSIO-MARTIN, CASSANDRA 18331 PINES BLVD., #197 PEMBROKE PINES, FL 33029 </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	P OSIO-MARTIN, CASSANDRA 18331 PINES BLVD., #197 PEMBROKE PINES, FL 33029														11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> P OSIO-MARTIN, CASSANDRA 1740-SW ST LUCIE WEST BLVD #207 PORT ST. LUCIE, FL 34986 </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> <tr><td style="padding: 2px;"> </td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition	P OSIO-MARTIN, CASSANDRA 1740-SW ST LUCIE WEST BLVD #207 PORT ST. LUCIE, FL 34986													
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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 tasks empowered. SIGNATURE: DATE: 3/23/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			

ATTACHMENT

#P050000363587
BERNARD KOPET, P.A.

Accountant

20170 Pines Blvd. Suite 302
Pembroke Pines, FL 33029

Broward: (954) 441-0403
Fax: (954) 392-1384

5184

PLEASE FOLLOW THE INSTRUCTIONS BELOW AS CHECKED

(Please retain this instruction sheet with attached return for your files)

MARCH 19, 2006

CLIENT NAME FORCE ONE STAFFING, INC FORM NUMBER 2006 FLA CORP ANN REPORT
MAIL BEFORE MAY 1, 2006 PERIOD/YEAR ENDED DECEMBER 31, 2005

SIGN:

☒ PLEASE SIGN AT (X)

☐ Have your spouse sign at (xx)

☐ One officer of Corporation sign at (x)

☐

☐ One partner sign at (x)

☐ Indicate Title at (XX) and date

PAYMENT AMOUNT:

☐ No Remittance Necessary

☒ Write check in the amount of \$ 150.00

MAKE CHECK PAYABLE TO:

☐ Internal Revenue Service

☐ Florida Department of Revenue

☐ Your Bank/Give to them w/deposit form ☐ Florida Unemployment Compensation Fund

☒ FLORIDA DEPARTMENT OF STATE

MAIL TO: ENCLOSED ENVELOPE

☐ Internal Revenue Service
Atlanta, GA 39901-0005

☐ Dade County Property Appraiser
111 NW 1st Street, Suite 710
Miami, FL 33120-1904

☐ Division of Corporations
Annual Reports
Call Service No. 1500
Tallahassee, FL 32302-1500

☐ Social Security Administration
Data Operations Center
Wichita-Dare, PA 10769

☐ William Markham, CFA
Broward County Property Appraiser
115 South Andrews Ave., Room 111
Ft. Lauderdale, FL 33301

☐ Florida Dept. of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0145

☐ Dept. of Labor & Employment Security
Div. of Unemployment Compensation
Bureau of Tax
Tallahassee, FL 32399-0212

Other Instructions: _____

☐ Internal Revenue Service
Memphis, TN 37501