

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90282 046 \*\*\*150.00

DOCUMENT # P05000163353

1. Entity Name

QUALIFIED RECRUITING SOLUTIONS, INC.



Principal Place of Business

1835 E HALLANDALE BEACH BLVD  
STE 560  
HALLANDALE FL 33009

Mailing Address

1835 E HALLANDALE BEACH BLVD  
STE 560  
HALLANDALE FL 33009



2. Principal Place of Business

13899 Biscayne Blvd  
Suite, Apt. #, etc.  
Penthouse #6  
City & State  
North Miami, FL  
Zip  
33181  
Country  
USA

3. Mailing Address

13899 Biscayne Blvd  
Suite, Apt. #, etc.  
Penthouse #6  
City & State  
North Miami, FL  
Zip  
33181  
Country  
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3827872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, FABIAN T  
6917 COLLINS AVE  
# 17240  
MIAMI BEACH FL 33141

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

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

(NOTE: Registered Agent signature required when reappointing)

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 D ☐ Delete  
NAME GORDON, FABIAN T  
STREET ADDRESS 6917 COLLINS AVE - # 1724  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ Delete  
NAME GORDON, MARY ANNA  
STREET ADDRESS 6917 COLLINS AVE - # 1724  
CITY-ST-ZIP MIAMI BEACH FL 33141

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 V.P. ☐ Change ☒ Addition  
NAME Ron Green  
STREET ADDRESS 3530 Mystie Point Drive #710  
CITY-ST-ZIP Aventura, FL 33180

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/06

(305) 949-9450