

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086098

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** HUMAN RESOURCES STRATEGIES, INC.

**Current Principal Place of Business:**

4581 CARAMBOLA CIRCLE  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

2848 LAFAYETTE TRACE DRIVE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

P.O. BOX 938813  
MARGATE, FL 33093 88

**New Mailing Address:**

P. O. BOX 701045  
SAINT CLOUD, FL 34770 88

**FEI Number:** 20-5139534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, SARAH M  
4581 CARAMBOLA CIRCLE  
COCONUT CREEK, FL 33066 US

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

MORALES, SARAH M  
2848 LAFAYETTE TRACE DR  
SAINT CLOUD, FL 34772 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:** SARAH M MORALES

03/13/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** MORALES, SARAH M  
**Address:** P.O. BOX 938813  
**City-St-Zip:** MARGATE, FL 33093

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

**Title:** D (X) Change ( ) Addition  
**Name:** MORALES, SARAH M  
**Address:** P. O BOX 701045  
**City-St-Zip:** SAINT CLOUD, FL 34770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:** SARAH M. MORALES

D/P

03/13/2009

Electronic Signature of Signing Officer or Director

Date