## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P93000014590

1. Entity Name

MANAGEMENT RECRUITERS OF PALM BEACH, INC.



Principal Place of Business

2745 EAST OAKLAND PARK BLVD.

Suite 200

FORT LAUDERDALE, FL 33306 US

Mailing Address

2745 EAST OAKLAND PARK BLVD.

SUITE 200

FORT LAUDERDALE, FL 33306 US



**FILED** 

May 01, 2006 08:00 AM Secretary of State

04042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0397560 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHASKY, THOMAS K. 2745 EAST OAKLAND PARK BLVD.

SUITE 200

FT. LAUDERDALE, FL 33308

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	he above named entity submits this statement for the purpose of chan		State of Florida.	I am familiar with, and accept	
th	e obligations of registered agent.	<del>-</del>			

SIGNATURE

10.

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

(NOTE: Registered Agent signature required when reinstalling)

 $\Box$ 

DATE

File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE JOHASKY, THOMAS K. NAME 2745 EAST OAKLAND PARK BLVD., SUITE 200 STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DITY-ST-702 7171.5 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-\$1-ZIP

OFFICERS AND DIRECTORS

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IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 frustee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER OF THE OFFICE OF SIGNING OFFICER OR DIRECTOR

JOHASTY

4-27-06 95K958-005

Daytime Phone #