

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000033650	
1. Entity Name INNOVATIVE STAFFING, INC.	
Principal Place of Business 950 S PINE ISLAND RD STE 150-1009 FORT LAUDERDALE, FL 33324 US	Mailing Address 950 S PINE ISLAND RD STE 150-1009 FORT LAUDERDALE, FL 33324 US



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0684197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GELLER, JOSEPH S
GELLER, GELLER & GARFINKEL
2411 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GARBARINO, HILLARY G 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GARBARINO, ANTHONY 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GELLER, JOAN 2411 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80098-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Hillary Garbarino Hillary Garbarino 4/20/05 (54)134505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #