

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000035502

1. Entity Name
TOP JOB SERVICES, INC.



Principal Place of Business
92 W. PINETREE AVENUE
LAKE WORTH, FL 33467

Mailing Address
92 W. PINETREE AVENUE
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0676724	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RAMPELL, PAUL
125 WORTH AVE, SUITE 202
PALM BEACH, FL 33480

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U00000526306
05/04/06-80068-018 150.00

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TORRES, JOHN I
92 W. PINETREE AVE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Torres

April 21/06

906-0765

Date

Daytime Phone #