


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000082231	
1. Entity Name CERTIFIED HR SERVICES COMPANY II	

Principal Place of Business 501 NW 21ST AVENUE SUITE 350 FORT LAUDERDALE, FL 33309	Mailing Address 501 NW 21ST AVENUE SUITE 350 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



06282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0704856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIXLER, DAN 501 NW 21ST AVENUE FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAMPITIELLO, PETER 477 MADISON NEW YORK, NY 10022
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07/23/04-80010-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: 	DANNY L. PIXLER	Date _____	(800) 793-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	