

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000004175**

1. Entity Name  
**R&B STAFFING SERVICES, INC.**



Principal Place of Business  
**2301 W. SAMPLE ROAD  
BUILDING 2 SUITE 8-A  
POMPAHO BEACH, FL 33073 US**

Mailing Address  
**2301 W. SAMPLE ROAD  
BUILDING 2 SUITE 8-A  
POMPAHO BEACH, FL 33073 US**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0808867**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DIPALMA, ROSE A  
22102 SERENATA CIRCLE EAST  
BOCA RATON, FL 33433**

**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

**U00000551684  
05/13/06-S0103-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
TODD, BRENDA  
710 S.E. 5TH TERRACE  
POMPAHO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DI PALMA, ROSE  
22102 SERENATA CIRCLE EAST  
BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/06**

Date

Daytime Phone #