

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
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
POMPANO BEACH, FL 33073 US**

Mailing Address

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



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0808867

Applied For
Not Applicable

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000754433
05/22/07-80060-020 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Rose A. DiPalma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
Date

954-917-8899
Daytime Phone #