

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062743

FILED
Jun 30, 2005
Secretary of State

Entity Name: BEST PRACTICES OF THE STAFFING INDUSTRY, INC.

Current Principal Place of Business:

5179 S.W. 71ST PLACE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5179 S.W. 71ST PLACE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0938455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUBBLEFIELD, D. AUSTIN
5179 S.W. 71ST PLACE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STUBBLEFIELD, D. AUSTIN
Address: 5179 S.W. 71ST PLACE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GRESHAM, WADE H
Address: 3629 HATHAWAY RD
City-St-Zip: DURHAM, NC 27707

Title: D () Delete
Name: HUSTON, TOM
Address: 1001 MANATI AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. AUSTIN STUBBLEFIELD

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date