## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 31, 2005 08:00 AM DOCUMENT # \$99000071755 Secretary of State 1. Entity Name ZENITH STAFFING CONSULTANTS, INC. Principal Place of Business - Mailing Address 10100 WEST SAMPLE ROAD 1461 NORTHWEST 127TH WAY CORAL SPRINGS FL 33071 SUITE 404 CORAL SPRINGS FL 33065 US 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0940205 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEXLER, JACK D 1461 NW 127 WAY Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 City Zip Code 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 hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD □ Change TITLE Delete TUBE ☐ Addition U00000282098 WEXLER, JACK D NAME NAME 03/31/05-80030-002 150.00 1461 NORTHWEST 127TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CHY-ST-ZP TDV TITLE Delete TillE 🔲 Change ☐ Addition WEXLER, ROSS J NAME 1461 NORTHWEST 127TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME WEXLER, SANDRA STREET ADDRESS STREET ADDRESS 1461 NORTHWEST 127TH WAY CITY - ST - ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Celete 7:71 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-Si-ZIP CITY-ST-ZIP DÛF Change Addition TITLE 🔲 Ďelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CULY SE-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath, 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

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