





**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000104310			
1. Entity Name OFFICE SOURCE SPECIALISTS, INC.			
Principal Place of Business 710 SE 6TH AVE. POMPANO BCH, FL 33060		Mailing Address 710 SE 6TH AVE. POMPANO BCH, FL 33060	
DO NOT WRITE IN THIS SPACE			
			
		04062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0973975	
		Applied For No: Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSANA, MATTHEW 710 SE 6TH AVE. POMPANO BCH, FL 33060		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:  4/15/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000136881 04/28/04-80101-024 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MESSANA, MATTHEW 710 SE 6TH AVE. POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S MESSINA, CARMERINE D 7105 E 6TH AVENUE POMPANO BEACH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 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: 		Date _____ Typed Name _____	