## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

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DOCUMENT # P99000104310  1. Entity Name OFFICE SOURCE SPECIALISTS, INC.					05-02-2005 90467 015 ***150.00					
Principal Plac	ce of Business	Mailing Address								
710 SE 6TH AVE. POMPANO BCH, FL 33060  710 SE 6TH AVE. POMPANO BCH, FL 33060					150164					
2. Principal Place of Business  3. Mailing Address  3. Willer Nass BIN. W. 340, Wilser No.			inse N	1 A						
Suite, Apt.		Suite, Apt. #, etc.		2.00	04272005 Chg-P CR2E034 (10/03)					
PARR :	SH YloriDA	Cay & State PARR:5H	76.		4. FEI Number 65-0973				plied For t Applicable	
3421	9 MANATEE	34219	MANAY	ee		Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
, AFFORANIA MATTHEM				Name						
MESSANA, MATTHEW 710 SE 6TH AVE. POMPANO BCH, FL 33060				Street Address (P.O. Box Number is Not Acceptable)						
	·									
86				City FL Zip Code						
	named entity submits this statement fo	r the purpose of changing its r	egistered office o	r register	ed agent, or both	, in the State of Flo	rida. Lam	familiar with,	and accept	
the obligat	tions of registered agent.	/					11	//		
SIGNATURE Mouher Meson 4/27/05										
Signative, typed or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.	-	ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	IN 11	
TITLE	P	☐ Delete	TITLE	ME	STANA /	4ATTheis		Change	☐ Addition	
NAME	MESSANA, MATTHEW		NAME	340.	( Wilse A	10.85 BIM	$\omega$			
STREET ADDRESS	710 SE 6TH AVE.		STREET ADDRESS	TAL	RISH, 76	1285 BIM	•			
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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)(i), 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 attack flory with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/2-7/05 94/-123-817 Date Daysme Phone #