


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S54954</b> 1. Entity Name HUMAN SERVICES SUPPORT SYSTEM, INC.	
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Principal Place of Business 1790 S.W. 27TH AVENUE MIAMI, FL 33145 US	Mailing Address 1790 S.W. 27TH AVENUE MIAMI, FL 33145 US
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0285406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SALTMAN, DAVID B.  
429 POINCIANA ISLAND DR  
MIAMI, FL 33160

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VCD
NAME	ALTMAN, STUART
STREET ADDRESS	3802 NE 207 ST, #602
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	SD
NAME	LINEVSKY, RICHARD
STREET ADDRESS	2735 HACKNEY RD
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VCD
NAME	MERLIN, ROBERT
STREET ADDRESS	5810 MAGGIORE
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	P
NAME	SALTMAN, DAVID
STREET ADDRESS	429 POINCIANA ISLAND DR
CITY-ST-ZIP	MIAMI, FL 33160
TITLE	TD
NAME	GRETENSTEIN, STEVEN
STREET ADDRESS	436 BARGELLO AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	SLAVIN, RICHARD
STREET ADDRESS	3000 ISLAND BLVD TH-3
CITY-ST-ZIP	AVENTURA, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: David B. Altman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 305-899-1587  
Date Daytime Phone #