

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S54954

FILED  
Jul 27, 2005  
Secretary of State

Entity Name: HUMAN SERVICES SUPPORT SYSTEM, INC.

## Current Principal Place of Business:

1790 S.W. 27TH AVENUE  
MIAMI, FL 33145 US

## New Principal Place of Business:

735 NE 125 STREET  
N. MIAMI, FL 33161 US

## Current Mailing Address:

1790 S.W. 27TH AVENUE  
MIAMI, FL 33145 US

## New Mailing Address:

735 NE 125 STREET  
N. MIAMI, FL 33161 US

FEI Number: 65-0285406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SALTMAN, DAVID B.  
735 NE 125 STREET  
N. MIAMI, FL 33161 US

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: DAVID B. SALTMAN

07/27/2005

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: VCD ( ) Delete  
Name: ALTMAN, STUART  
Address: 3802 NE 207 ST, #602  
City-St-Zip: MIAMI, FL 33180

Title: SD ( ) Delete  
Name: LINEVSKY, RICHARD  
Address: 2735 HACKNEY RD  
City-St-Zip: WESTON, FL 33331

Title: VCD ( ) Delete  
Name: MERLIN, ROBERT  
Address: 5810 MAGGIORE  
City-St-Zip: MIAMI, FL 33146

Title: P ( ) Delete  
Name: SALTMAN, DAVID  
Address: 429 POINCIANA ISLAND DR  
City-St-Zip: MIAMI, FL 33160

Title: TD ( ) Delete  
Name: GRETENSTEIN, STEVEN  
Address: 436 BARGELLO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: SLAVIN, RICHARD  
Address: 3000 ISLAND BLVD TH-3  
City-St-Zip: AVENTURA, FL 33160

## 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:

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: DAVID B. SALTMAN

PRES

07/27/2005

Electronic Signature of Signing Officer or Director

Date