

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066862

**FILED**  
**Apr 06, 2004**  
**Secretary of State**

**Entity Name:** MASTER STAFFING, INC.

**Current Principal Place of Business:**

2531 NW 72ND AVE A  
MIAMI, FL 33122

**New Principal Place of Business:**

4615 NW 72 AVE  
# 117  
MIAMI, FL 33166

**Current Mailing Address:**

P.O. BOX 226198  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 65-1120395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUILCATE, ESTHER  
2531 NW 72ND AVE A  
MIAMI, FL 33122

**Name and Address of New Registered Agent:**

QUILCATE, ESTHER  
P.O. BOX 226198  
MIAMI, FL 33122

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: ESTHER QUILCATE

04/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: QUILCATE, ESTHER  
Address: 2531 NW 72ND AVE A  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: QUILCATE, ESTHER  
Address: P.O. BOX 226198  
City-St-Zip: MIAMI, FL 33122

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: ESTHER QUILCATE

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date