# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2003**
**Secretary of State**

DOCUMENT# P01000079019

**Entity Name:** AMERICAN HEALTHCARE STAFFING, CORP.

**Current Principal Place of Business:**

13226 NW 8TH TERRACE
MIAMI, FL 33182

**New Principal Place of Business:**

1281 SW 144 COURT
MIAMI, FL 33184

**Current Mailing Address:**

13226 NW 8TH TERRACE
MIAMI, FL 33182

**New Mailing Address:**

1281 SW 144 COURT
MIAMI, FL 33184

**FEI Number: 65-1129486** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

AVILA, MAITE
13226 NW 8TH TERRACE
MIAMI, FL 33182 US

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

AVILA, MAITE
1281 SW 144 COURT
MIAMI, FL 33184 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: _____ 04/30/2003
Electronic Signature of Registered Agent — Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: AVILA, MAITE
Address: 13226 NW 8TH TERRACE
City-St-Zip: MIAMI, FL 33182

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

Title: PD (X) Change ( ) Addition
Name: AVILA, MAITE
Address: 1281 SW 144 COURT
City-St-Zip: MIAMI, FL 33184

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: MAITE AVILA PD 04/30/2003
Electronic Signature of Signing Officer or Director — Date