

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110151

Entity Name: DAYSTAR STAFFING, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

1779 SW 7 STREET
APT. # 5
MIAMI, FL 33135 US

Current Mailing Address:

1779 SW 7 STREET
APT. # 5
MIAMI, FL 33135 US

FEI Number: 33-1184740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2120 WEST FLAGLER STREET
APT. # 501
MIAMI, FL 33135 US

New Mailing Address:

2120 WEST FLAGLER STREET 501
APT. # 501
MIAMI, FL 33135 US

Name and Address of Current Registered Agent:

RIOPEDRE SANTANA, LUIS M
1779 SW 7 STREET
APT. #5
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MENDEZ, OSMANI
2120 WEST FLAGLER STREET
501
MIAMI, FL 33135 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: OSMANI MENDEZ

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIOPEDRE SANTANA, LUIS M
Address: 1779 SW 7 STREET, APT # 5
City-St-Zip: MIAMI, FL 33135 US

Title: VP () Delete
Name: MENDEZ, OSMANI
Address: 1779 SW 7 STREET, APT. 5
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIOPEDRE SANTANA, LUIS M
Address: 2120 WEST FLAGLER STREET 501
City-St-Zip: MIAMI, FL 33135 US

Title: VP (X) Change () Addition
Name: MENDEZ, OSMANI
Address: 2120 WEST FLAGLER STREET 501
City-St-Zip: MIAMI, FL 33135 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUIS M RIOPEDRE

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date