# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# P08000070447

**Entity Name:** AMERICAN STAFFING PROFESSIONALS INC

**Current Principal Place of Business:**

350 GULF BLVD
1
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

350 GULF BLVD
1
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number: 26-3055845** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROHRET & ASSOCIATES INC
350-1 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

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

ROHRET & ASSOCIATES INC
350 GULF BLVD
STE 1
INDIAN ROCKS BEACH, FL 33785 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: ROHRET & ASSOCIATES 05/01/2009
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: D ( ) Delete
Name: HAMAOUI, SALEM
Address: 350 GULF BLVD #1
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete
Name: PASCOE, ROBERT S
Address: P O BOX 1423
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: POTTER, JAMIE N
Address: 3333 WILTSHIRE DR
City-St-Zip: HOLIDAY, FL 34691

**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:

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: SALEM HAMAOUI P 05/01/2009
Electronic Signature of Signing Officer or Director Date