

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087795

Entity Name: STAFFCAF MIAMI CORP.

FILED  
Jan 16, 2012  
Secretary of State

**Current Principal Place of Business:**

400 KINGSPPOINT DR., STE 1619  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

400 KINGSPPOINT DR.  
1619  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

400 KINGSPPOINT DR., STE 1619  
SUNNY ISLES, FL 33160

**New Mailing Address:**

400 KINGSPPOINT DR.  
1619  
SUNNY ISLES, FL 33160

FEI Number: 32-0263071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOHRA, GARCIA  
400 KINGSPPOINT DR., STE 1619  
SUNNY ISLES, FL 33160 US

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

NOHRA, GARCIA  
400 KINGSPPOINT DR.  
1619  
SUNNY ISLES, FL 33160 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FAUT, CHRISTIAN A  
Address: 400 KINGSPPOINT DR. STE 1619  
City-St-Zip: SUNNY ISLES, FL 33160

Title: S  
Name: CRISTANCHO, GLADYS  
Address: 400 KINGSPPOINT DR. STE 1619  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: CHRISTIAN A. FAUT

Electronic Signature of Signing Officer or Director

CEO

01/16/2012

Date