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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800040610

1. Corporation Name

COMPREHENSIVE STAFFING. INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90297 045 ***150.00

| Principal Place of Business Mailing Address | |
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| | A.T. |
| 934 N UNIVERSITY DRIVE Delete 934 N UNIVERSITY DRIVE De CORAL SPRINGS FL 33071 | lale |
| Course of historic cours | DO NOT WRITE IN THIS SPACE |
| | 3. Date Incorporated or Qualified |
| | 05/05/1998 |
| 2. Principal Place of Business 21. 9850 STIRLING RD 22. Mailing Address 23. Mailing Address 24. Mailing Address | 4. FEI Number Applied For Not Applied For Not Applied For |
| 21 10 30 | \$8.75 Additional |
| | 5. Certificate of Status Desired Fee Required |
| 22 100 | 6. Election Campaign Financing \$5.00 May Be |
| | Trust Fund Contribution Added to Fees |
| Zip Country Zip Cou | Intr/ |
| 21 33 024 25 US A 29 33024 30 | Personal Property Tax. |
| Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| UCLIED CADITAL INC | 81 Name Armando Pozo |
| HELLER CAPITAL INC. | Street Address (P.O. Box Number is Not Acceptable) 9850 STIRLING RD # 100 |
| 1214 N UNIVERSITY DRIVE DIAMETATION EL 22222 | |
| PLANTATION FL 33322 | 83 |
| | 84 City Cooper city FL 85 30024 |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the a office or registered agent, or both, in-the state of Florida. Such change was authorized agent. I am familiar with and assent the provisions of, Section 607,0505, Florida Statu | bove-named corporation submits this statement for the purpose of changing its registered |
| office or registered agent, or both, in the state of Florida: Such change was authorized agent. I am familiar with and accept the brigations of Section 607.0505, Florida State | tutes. |
| SIGNATURE | 4-13-47 |
| OTOTAL COLUMN AND AND AND AND AND AND AND AND AND AN | |
| digitatio, types of prince terms of oggetters | d Agent signature required when reinstating) DATE ADDITIONO (CHANGES TO OFFICERS AND DIRECTORS IN 12) |
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| 12. OFFICERS AND DIRECTORS 13. TITLE D NAME KAPLAN, BARRY STREET ADDRESS 934 N UNIVERSITY DRIVE 13ST | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE President Armando Poro TREET ADDRESS 9850 STIELING ED #100 |
| 12. OFFICERS AND DIRECTORS 13. 1711E | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE President Armando Poro TREETADDRESS COOPERC HY, FR. 330 24 |
| 12. OFFICERS AND DIRECTORS 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PRESIDENT TO Schange Addition AME ARETADDRESS TREETADDRESS COOPERC 144 FT 33024 THE VICE PRESIDENT TO SCHANGE Addition |
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| 12. OFFICERS AND DIRECTORS 13. TITLE D DELETE 1.1 TI NAME KAPLAN, BARRY 934 N UNIVERSITY DRIVE 1.3 ST CITY-ST-ZIP CORAL SPRINGS FL 33071 1.4 CI TITLE PROJUDENT DELETE 2.1 TI NAME ATMORSO POZO STREET ADDRESS 9165 NW 41 ST 2200.1/ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE Transdent Armando Poro TREET ADDRESS COOPER LTY FR 330 2Y THE VICE PROCLEMF Schange Addition Delsy B. Pozo TREET ADDRESS CITY-ST-ZIP COOPER CITY FR 330 2Y THE DELSY B. Pozo TREET ADDRESS CITY-ST-ZIP COOPER CITY FR 330 2Y CITY-ST-ZIP COOPER CITY FR 330 2Y |
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| 12. OFFICERS AND DIRECTORS 13. TITLE D KAPLAN, BARRY STREET ADDRESS 934 N UNIVERSITY DRIVE 13ST CITY-ST-ZIP CORAL SPRINGS FL 33071 14CI TITLE PREACLEST DELETE 21TI NAME ATMANSO POZO 22N STREET ADDRESS COPET CITY, FL 33024 24C TITLE VICE - President Delete 31TI NAME Deley B. Pozo 32N STREET ADDRESS 8965 NW 41 ST 33024 34.C CITY-ST-ZIP COOPEY CITY, FL 33024 34.C | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE TRESIDENT TREET ADDRESS COOPER CTY F 330 24 THE VICE PREVIOUS B. POZO TREET ADDRESS CITY-ST-ZIP COOPER CTY F 330 24 THE COOPER CTY F 330 24 THE COOPER CTY F Addition AME TREET ADDRESS CITY-ST-ZIP THE COOPER CTY F Addition AME CHANGE Addition |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this firing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

UNEARMAN LORPOZO SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 450-8582