2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000079920

Entity Name: AGILE STAFFING ASSOCIATES, INC.

Current Principal Place of Business:

306 ALCAZAR AVE., STE. 201
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

306 ALCAZAR AVE., STE. 201
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0142110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ALFREDO
306 ALCAZAR AVE., STE. 201
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIEGO, KEITH
Address: 306 ALCAZAR AVE., STE. 201
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: MYER, GLENN
Address: 306 ALCAZAR AVE., STE. 201
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SHIPES, DEREK
Address: 306 ALCAZAR AVE., STE. 201
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: HARDY, WILL
Address: 306 ALCAZAR AVE., STE. 201
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: GONZALEZ, ALFREDO
Address: 306 ALCAZAR AVE., STE. 201
City-St-Zip: CORAL GABLES, FL 33134

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:

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 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: ALFREDO GONZALEZ DIR 04/27/2004

Electronic Signature of Signing Officer or Director — Date