

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000054507

**Entity Name:** GL STAFFING SERVICES, INC.

**FILED**  
**Oct 20, 2014**  
**Secretary of State**  
**CC3902413055**

**Current Principal Place of Business:**

1709 BANKS ROAD  
BUILDING A, UNIT 5  
MARGATE, FL 33063

**Current Mailing Address:**

1709 BANKS ROAD  
BUILDING A, UNIT 5  
MARGATE, FL 33063 US

**FEI Number:** 65-1112591

**Certificate of Status Desired:** Yes

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

SCHWARTZ, STEVEN GESQ.  
6751 NORTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33487 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CALIFANO, GERRY  
Address 1709 BANKS ROAD  
City-State-Zip: MARGATE FL 33063

Title VSTD  
Name MINEI, LAWRENCE J  
Address 1709 BANKS ROAD  
City-State-Zip: MARGATE FL 33063

Title FC  
Name MINEI, CHRISTOPHER M  
Address 1709 BANKS ROAD  
BUILDING A, UNIT 5  
City-State-Zip: MARGATE FL 33063

*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:** LAWRENCE MINEI

**VICE PRESIDENT**

**10/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date