

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000087795

**Entity Name:** STAFFCAF MIAMI CORP.

**Current Principal Place of Business:**

400 KINGSPPOINT DR.  
1619  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

400 KINGSPPOINT DR.  
1619  
SUNNY ISLES, FL 33160

**FEI Number:** 32-0263071

**Certificate of Status Desired:** No

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FAUT, CHRISTIAN A  
Address 400 KINGSPPOINT DR. STE 1619  
City-State-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 FAUT

PD

03/16/2015

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

\_\_\_\_\_  
Date