

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V10060

**Entity Name:** ALPHASTAFF GROUP, INC.

**Current Principal Place of Business:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 220  
SUNRISE, FL 33323

**Current Mailing Address:**

1300 SAWGRASS CORPORATE PARKWAY  
SUITE 220  
SUNRISE, FL 33323 US

**FEI Number:** 65-0314170

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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            PRESIDENT, DIRECTOR, CEO  
Name            BOUCHARD, CRISTINA  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

Title            TREASURER, CFO  
Name            RATTNER, DAVID  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR (CHAIRPERSON)  
Name            BRODY , ROBERT  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

Title            SECRETARY  
Name            KOLTIS, BETTY  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            SACHS, ANDREW  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

Title            DIRECTOR  
Name            SHELLEY, ANNE-MARIE  
Address        1300 SAWGRASS CORPORATE  
                  PARKWAY  
                  SUITE 220  
City-State-Zip: SUNRISE FL 33323

*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:** BETTY KOLTIS

**SECRETARY, BY JULIE      03/20/2023**  
**PHILLIPS, ATTORNEY-IN-**  
**FACT**

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

\_\_\_\_\_  
Date

