

2024 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
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 & CEO / DIRECTOR
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 SECRETARY
Name KOLTIS, BETTY
Address 1300 SAWGRASS CORPORATE
 PARKWAY, SUITE 220
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BRODY, ROBERT
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: ROBERT BRODY

**DIRECTOR, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date