

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002546

**FILED**  
**Jan 08, 2018**  
**Secretary of State**  
**CC3454016422**

**Entity Name:** ELITE STAFFING GLOBAL, INC.

**Current Principal Place of Business:**

1400 W. HUBBARD STREET  
SUITE 200  
CHICAGO, IL 60642

**Current Mailing Address:**

1400 W. HUBBARD STREET  
SUITE 200  
CHICAGO, IL 60642 US

**FEI Number:** 30-0513931

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 C/T  
Name COLE, HARVEY  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

Title P  
Name COLE, GARY  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

Title VP/S  
Name COLE, ANDREW  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

Title CFO  
Name RIGAS, THEODORE JR.  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

Title VPAS  
Name COLE ZIRIN, LISA  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

Title VP  
Name ZIRIN, JON  
Address 1400 W. HUBBARD STREET  
SUITE 200  
City-State-Zip: CHICAGO IL 60642

*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:** GARY COLE

**PRESIDENT**

**01/08/2018**

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

\_\_\_\_\_  
Date