


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F06000003830 1. Entity Name PREMIER STAFFING SERVICES OF NEW YORK, INC. |  |
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| Principal Place of Business ONE NORTH BROADWAY, SUITE 704 WHITE PLAINS, NY 10601 | Mailing Address ONE NORTH BROADWAY, SUITE 704 WHITE PLAINS, NY 10601 |
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 13-3746743 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 |
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000696729 04/18/07-80008-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHWABE, PAUL ONE NORTH BROADWAY, SUITE 704 WHITE PLAINS, NY 10601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SCHWABE, ARTHUR ONE NORTH BROADWAY, SUITE 704 WHITE PLAINS, NY 10601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO CAGLIOSTRO, FRANK ONE NORTH BROADWAY, SUITE 704 WHITE PLAINS, NY 10601 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Schwabe 4/2/2007 914-428-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #