

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001580

**FILED**  
**Jul 23, 2010**  
**Secretary of State**

**Entity Name:** LEAD STAFFING CORPORATION

**Current Principal Place of Business:**

2694 E GARVEY AVE., SOUTH #397  
WEST COVINA, CA 91791

**New Principal Place of Business:**

216 S. CITRUS ST. #397  
WEST COVINA, CA 91791

**Current Mailing Address:**

2694 E GARVEY AVE., SOUTH #397  
WEST COVINA, CA 91791

**New Mailing Address:**

216 S. CITRUS ST. #397  
WEST COVINA, CA 91791

**FEI Number:** 20-3685333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAMBOLEO, GEORGE  
13206 ST. COLE COURT  
ORLANDO, FL 32828 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: NYAMOITA, LILIAN  
Address: 216 S. CITRUS ST. #397  
City-St-Zip: WEST COVINA, CA 91791

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: LILIAN NYAMOITA

CP

07/23/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date