LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90025 025 ****50.00

DOCUMENT # L01000009123

1. Entity Name
JOB SERVICE INTERNATIONAL LTD. CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 VIA LUGANO CIRCLE	100 VIA LUGANO CIRCLE
Suite, Apt. #, etc.: APT. 211	Suite, Apt. #, etc.: APT. 211
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33436 Country: USA	Zip: 33436 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1114475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL GHISOI

Street Address (P.O. Box Number is Not Acceptable): 100 VIA LUGANO CIRCLE, APT. 211

City: BOYNTON BEACH FL Zip Code: 33436

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: PAUL GHISOI, MGR. DATE: 02/14/2003
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	G.M. MGRM. PAUL GHISOI 100 VIA LUGANO CIRCLE, APT 211 BOYNTON BEACH, FL 33436
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL GHISOI, MGR. 02/14/2003 (561)7166416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #