

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102610

Entity Name: VB STAFFING, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

16273 SW 18 PLACE
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

16273 SW 18 PLACE
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 20-3646288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAGA, VIVIAN
16261 SW 23RD ST.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

BRAGA, VIVIAN
16273 SW 18TH PL
MIRAMAR, FL 33027 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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRAGA, VIVIAN
Address: 16261 SW 23RD ST.
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM () Delete
Name: PABON, IMELDA
Address: 16261 SW 23RD ST.
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM () Delete
Name: SIA, EMILIE
Address: 2420 BRICKELLAVE 305 B
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAGA, VIVIAN
Address: 16273 SW 18TH PL
City-St-Zip: MIRAMAR, FL 33027 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIVIAN BRAGA

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date