2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000023358

Entity Name: PAUL STAFF LLC

Current Principal Place of Business:

2071 N.E. 160 STREET
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

3600 MYSTIC POINTE DRIVE
112
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, STAFFORD
3600 MYSTIC POINTE DRIVE
112
AVENTURA, FL 33180 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WARD, STAFFORD
Address: 3600 MYSTIC POINTE DRIVE SUITE 112
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: GLASSMAN, PAUL
Address: 16991 NE 20TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WARD, STAFFORD
Address: 3600 MYSTIC POINTE DRIVE SUITE 112
City-St-Zip: AVENTURA, FL 33180

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: STAFFORD WARD MGR 05/01/2008

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