2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004374

1. Entity Name

SENIOR STAFFING SOLUTIONS, INC.

Principal Place of Business | Mailing Address

2940 Hollywood Blvd.

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Hollywood Fl	City & State:
Zip: 33020 Country: BROWARD	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1026672 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALAN B. COHN 2021 TYLER ST. HOLLYWOOD, FL.	Name: WILLIAM V. SHERWOOD Street Address (P.O. Box Number is Not Acceptable): 5300 WASHINGTON ST D-104 City: HOLLYWOOD FL Zip Code: 33021

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.

SIGNATURE William Sherwood 8-16-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PRESIDENT + DIRECTOR ☐ Delete P/D NAME: WILLIAM SHERWOOD STREET ADDRESS: 5300 WASHINGTON ST. D-104 CITY-ST-ZIP: HOLLYWOOD, FL. 33021		TITLE: DIRECTOR D ☐ Change [X] Addition NAME: ANTHONY CAMPOS STREET ADDRESS: 2940 Hollywood Blvd CITY-ST-ZIP: Hwd FL 33021
TITLE: Director ☐ Delete D NAME: ANTHONY CAMPOS STREET ADDRESS: 2940 Hollywood Blvd CITY-ST-ZIP: Hollywood FL 33020		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T + DIRECTOR/TREASURER ☐ Delete T/D NAME: LINDA SHERWOOD STREET ADDRESS: 5300 WASHINGTON ST. D-104 CITY-ST-ZIP: HOLLYWOOD, FL. 33021		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 700004539847--9 -08/17/01--01003--011 *****61.25 *****61.25
TITLE: DANA Klein ☐ Delete V/D NAME: VICE PRESIDENT/Director STREET ADDRESS: 2940 Hollywood Blvd CITY-ST-ZIP: Hollywood FL 33020		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary/Director ☐ Delete S/D NAME: Rebecca Allen STREET ADDRESS: 2940 Hwd Blvd CITY-ST-ZIP: Hwd FL 33020		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 700004539847--9 -08/17/01--01003--012 ******8.75 ******8.75
TITLE: Vice President/DIRECTOR ☐ Delete V/D NAME: NASI LESKU STREET ADDRESS: 2940 Hwd Blvd CITY-ST-ZIP: Hwd FL 33020		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037 (11/00)

12. 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 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 617, 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 Linda Sherwood 8-16-01

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

William Sherwood — Anthony Campos — Linda Sherwood — 954/