

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001102

FILED
Jan 30, 2009
Secretary of State

Entity Name: STAFFING MANAGEMENT ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 15766
PLANTATION, FL 333185766

New Principal Place of Business:

100 S BISCAYNE BLVD
1500
MIAMI, FL 33131 US

Current Mailing Address:

P.O. BOX 15766
PLANTATION, FL 333185766

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: T () Delete
Name: CORLETO, TONI
Address: 8661 NW 4 TERR #1
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: KOHN, LARRY
Address: 621 NW 65 AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: GRAD, MARC
Address: 9021 SW 93 CT
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: EVRARD, JACKIE
Address: 7301 NW 4 STREET #110
City-St-Zip: FORT LAUDERDALE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC GRAD

PP

01/30/2009

Electronic Signature of Signing Officer or Director

Date