

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001102

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

100 S BISCAYNE BLVD  
1500  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15766  
PLANTATION, FL 333185766

**New Mailing Address:**

**FEI Number:** 20-1005497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
Name: CORLETO, TONI M  
Address: 8661 NW 4 TERR #1  
City-St-Zip: MIAMI, FL 33126

Title: P  
Name: KVARNBERG, PAULA  
Address: 7328 PINE TREE LANE, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S  
Name: CORREA, RUSSELL  
Address: 335 S. BISCAYNE BLVD. #3002  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: TONI M. CORLETO

TREA

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date