2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90245 014 ****61.25

1. Entity Nam	MENT # N99000007 CAL STAFF, INC.	421					
Principal Place of Business 5301 SOUTH CONGRESS AVENUE ATLANTIS, FL 33462		Mailing Address 5301 SOUTH CONGRESS AVENUE ATLANTIS, FL 33462		54030487			
Principal Place of Business 3. Mailing Address					# 133,510,113,510,113,413 # 15,514,113,114,114,115,115		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg	-NP CR2E037	7 (10/03)	
City & State		City & State		4. FEI Number 65-0871356		<u> </u>	plied For Applicable
. Zip	Country	Zip	Country	5Certificate of State	us Desired F	8.75 Addi ee Required	tional
53Q1 S CC	6. Name and Address of Current s, JEFFREY NGRESS AVE RTH, FL 33462	Street Address	7. Name and Address of New Registered Agent Name JOSE F. Arrascue Street Address (P.O. Box Number is Not Acceptable) 5301 So. Congress Ave. City Lantis FL 33462				
	Signature, typed or printed name of registered agent	msul	egistered office or regis	tered agent, or both, in the		miliar with, a	and accept
	Filing Fee Is \$61.25 Due by May 1, 2004	Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Florida Depart	ment of St	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIS PD BEHRENS, JEFFREY 5301 SOUTH CONGRESS AVEN ATLANTIS, FL 33462	K Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	STO OFFICERS AND DIR	ECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRASCUE, JOSE 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462	. ,	rascue, Jos 01 So. Cong lantis, Fl	se	K Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FARKAS, JACQUES 5301 SOUTH CONGRESS AVE ATLANTIS, FL 33462	🛣 Delicte	NAME STREET ADDRESS CITY-ST-ZIP	,	`	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	STREET ADDRESS 530 CITY-ST-ZIP At:	one, Ross 01 So. Cogr lantis, Fl	ress Ave.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	STREET ADDRESS 530	ait, Robert 01 So. Cong lantis, Fl	; jress Ave.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty or on an attachment with an address. **URE: SIGNATURE AND TYPED OR IS	true and accurate and that my owered to execute this report a	y signature shall have th is required by Chapter 6	e same legal effect as if r i17, Florida Statutes; and	made under oath; that I ar that my name appears in	n an officer	or director