2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P00000002461 DOCUMENT # 1. Entity Name 05-05-2003 90379 045 ***150.00 KEYSTONE STAFFING, INC. Principal Place of Business Mailing Address 8660 NW 53RD TERR 8660 NW 53RD TERR SUITE 220 SUITE 220 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business Dixie Hwy 17625 S. DINE CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0990581 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, ALBERT. ddress (P.O. Box Number is Not Acceptable 8600 NW 53 TERR SUITE 220 **MIAMI FL 33166** City Miami 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. I am familiar with, and accept the obligations of registered agent. Oswaldo Diat FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition FERNANDEZ, ALBERT NAME NAME STREET ADDRESS 8660 NW 53RD TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP prosiden+ Addition TITLE ☐ Delete TITLE Change piaz, osmaldo NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P