2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000019703 1. Entity Name



Principal Place of Business

Mailing Address

8409 LAUREL FAIR CIRCLE, SUITE 103 TAMPA, FL 33610

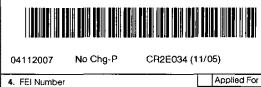
AMORE STAFFING, INC.

8409 LAUREL FAIR CIRCLE, SUITE 103 TAMPA, FL 33610

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90180 045 ***150.00

40067730



DO NOT WRITE IN THIS SPACE

				59-363	1639		Not A	Applicable
e Test				5. Certificate	of Status Desired		\$8.75 Addition	onal
	6. Name and Address of Current Regis	tered Agent	I					
AMORE, DAVID 8409 LAUREL FAIR CIRCLE, SUITE 103 FAMPA, FL 33610			DO NOT WRITEIN THIS SPACE					
	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title		red office or registe		oth, in the State of Flo	rida. I am	familiar with, ar	nd accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	ncing \$	5.00 May Be ded to Fees		DATE		
10.	OFFICERS AND DIREC	CTORS			·			
TITLE IAME STREET ADDRESS CITY-ST-ZIP	P AMORE, DAVID 8409 LAUREL FAIR CIRCLE #103 TAMPA, FL 33610							
ITLE IAME ITREET ADDRESS HTY-ST-ZIP	VP AMORE, CHRISTINE 8409 LAUREL FAIR CIRCLE, #103 TAMPA, FL 33610				:			
ITLE IAME STREET ADDRESS SITY-ST-ZIP				DO	-NOT-W	RIT	E	<u> </u>
TILE JAME				, IN	THIS SF	'ÀCI	=	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATU	н	ᆫ	:
---------	---	---	---

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #