

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000019703

Entity Name: AMORE STAFFING, INC.

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5004 E FOWLER AVE  
C-401  
TAMPA, FL 336172181

**New Principal Place of Business:**

**Current Mailing Address:**

5004 E FOWLER AVE  
C-401  
TAMPA, FL 336172181

**New Mailing Address:**

FEI Number: 59-3631639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMORE, DAVID B PRES  
5004 E FOWLER AVE  
C-401  
TAMPA, FL 33617 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: P  
Name: AMORE, DAVID B  
Address: 5004 E FOWLER AVE, #C-401  
City-St-Zip: TAMPA, FL 33617

Title: VP  
Name: AMORE, CHRISTINE P  
Address: 5004 E FOWLER AVE, #C-401  
City-St-Zip: TAMPA, FL 33617

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

SIGNATURE: DAVID B AMORE

PRES

03/29/2012

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

\_\_\_\_\_  
Date