

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040459

FILED
Jan 16, 2009
Secretary of State

Entity Name: YOUR STAFFING SOURCE, INC.

Current Principal Place of Business:

P.O. BOX 825291
SOUTH FLORIDA, FL 330825291

New Principal Place of Business:

19280 NW 24TH PLACE
PEMBROKE PINES, FL 330295367 US

Current Mailing Address:

P.O. BOX 825291
SOUTH FLORIDA, FL 330825291

New Mailing Address:

FEI Number: 65-1010324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVELLI, JOSEPH II
19280 NW 24TH PLACE
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARVELLI, JOSEPH II
Address: P.O. BOX 825291
City-St-Zip: SOUTH FLORIDA, FL 330825291

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH CARVELLI II

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date