


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 013 \*\*\*138.75  
04-17-2008 90035 040 \*\*\*\*\*11.25

DOCUMENT # P00000100540			
1. Entity Name COOPERATIVE CARE STAFFING, INC.			
Principal Place of Business 5533-B HWY. 90 PACE, FL 32571		Mailing Address 5533-B HWY. 90 PACE, FL 32571	
2. Principal Place of Business - No P.O. Box # 5533 Hwy 90		3. Mailing Address 5533 HWY 90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PACE FL		City & State PACE, FL	
4. FEI Number 59-3678990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32571		Country USA	
5. Name and Address of Current Registered Agent CALLAWAY, MARY M 1600 N. PALAFOX ST. PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name PURUSHOTTAM K. GARG Street Address (P.O. Box Number is Not Acceptable) 5533 HWY 90 City PACE FL Zip Code 32571	
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.			
SIGNATURE <u>P. K. Garg</u>		Purushottam K Garg	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
DATE 3-24-08		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARG, ANJU 4534 AMBLEWOOD COURT PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARG, P.K. 4534 AMBLEWOOD CT MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>P. K. Garg</u>		Purushottam K Garg Director 3-24-08 810-995-8811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	



03242008 Chg-P CR2E034 (12/06)