2002 UNIFORM BUSINESS REPORT (UBR)

May 17, 2002 8:00 am Secretary of State P00000114145 DOCUMENT # 1. Entity Name 05-17-2002 90001 011 ***150.00 FIRST STAFFING, CORP. Principal Place of Business Mailing Address 6151 MIRAMAR PKWY 6151. MIRAMAR PKWY 428090 SUITE 201 SUITE 201 MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1060938 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELIX PELi PELI, FELIX Street Address (P.O. Box Number is Not Acceptable) 2915 PLUNKETT STREET, APT. #11 WILEY HOLLYWOOD FL 33020 2551 City 40 114 wood 8. The above named entity submits wis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Delete TITLE ☐ Change ☐ Addition NAME TORRES, HERNAN NAME STREET ADDRESS 3000 SOUTH OCEAN DRIVE #152 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP VST TITLE ☐ Delete TITLE Change ☐ Addition **VST** NAME PELI, FELIX NAME PELI PELIK STREET ADDRESS 2915 PLUNKETT STREET, APT. #11 STREET ADDRESS 2551 WILEY CT CITY-ST-ZIF CITY-ST-ZIP HOLLYWOOD FL 33020 401192000) Change TITLE Delete TITLE ☐ Addition NAME NÄMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

118/02 954.894.2676

FILED