


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90227 011 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT #</b> P01000034829                 |  |
| <b>1. Entity Name</b><br>INSIDE STAFFING, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>5929 JOHNSON STREET<br>HOLLYWOOD FL 33021 | <b>Mailing Address</b><br>5929 JOHNSON STREET<br>HOLLYWOOD FL 33021 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



☒ CHECK HERE IF MAKING CHANGES

|                                 |                |
|---------------------------------|----------------|
| <b>4. FEI Number</b> 65-1094491 | Applied For    |
|                                 | Not Applicable |

|   |
|---|
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b> |
|--|

|   |
|---|
| TORRES, JOSE<br>5929 JOHNSON STREET<br>HOLLYWOOD FL 33021 |
|---|

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
|--|

|  |                   |
|--|-------------------|
| Name   | JACINTO GARCIA JR |
| Street Address (P.O. Box Number is Not Acceptable) |                   |
| City   | Hollywood         |
| State  | FL                |
| Zip Code   | 33021             |

**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.**

|                                    |                          |                     |
|------------------------------------|--------------------------|---------------------|
| <b>SIGNATURE</b> JACINTO GARCIA JR | <i>Jacinto Garcia Jr</i> | <b>DATE</b> 2-14-03 |
|------------------------------------|--------------------------|---------------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|                                   |
|-----------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b> |
|-----------------------------------|

|                       |                     |  |
|-----------------------|---------------------|--|
| <b>TITLE</b>          | P                   | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | TORRES, JOSE        |  |
| <b>STREET ADDRESS</b> | 912 N. PARK RD      |  |
| <b>CITY-ST-ZIP</b>    | HOLLYWOOD FL 33021  |  |
| <b>TITLE</b>          | VPD                 | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | GARCIA, JACINTO JR. |  |
| <b>STREET ADDRESS</b> | 80 BORINQUEN ST.    |  |
| <b>CITY-ST-ZIP</b>    | PROVIDENCE RI 02905 |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |

|  |
|--|
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |
|--|

|                       |                     |  |
|-----------------------|---------------------|--|
| <b>TITLE</b>          | P                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | JACINTO GARCIA JR   |  |
| <b>STREET ADDRESS</b> | 1051 S. PARK RD     |  |
| <b>CITY-ST-ZIP</b>    | Hollywood, FL 33021 |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |
| <b>TITLE</b>          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                     |  |
| <b>STREET ADDRESS</b> |                     |  |
| <b>CITY-ST-ZIP</b>    |                     |  |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

|  |                      |                                     |
|--|----------------------|-------------------------------------|
| <b>SIGNATURE:</b> <i>Jacinto Garcia Jr</i> | <b>DATE:</b> 2-14-03 | <b>DAYTIME PHONE #:</b> 954-8946475 |
|--|----------------------|-------------------------------------|

CR2E034 (10/02)