2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000037469

1. Entity Name
ALPINE STAFFING AGENCY INC.

Principal Place of Business	Mailing Address
1900 NW COPP BLVD 400E BOCA RATON, FL 33431	C/O ROBERT A KLEIN PO BOX 153 EAST MEADOW, NY 11554

DO NOT WRITE IN THIS SPACE

02102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1094519	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

ROWLAND, BRUCE
570 ANCHOR POINT
DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

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 _____

<small>Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROWLAND, BRUCE
STREET ADDRESS	570 ANCHOR POINT
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/06/08-80031-022 150.00

DO NOT WRITE IN THIS SPACE

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: _____ President 2/23/08

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>
BRUCE ROWLAND