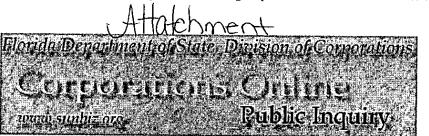
FOR PROFIT CORPORATION FILED **UNIFORM BUSINESS REPORT (UBR)** May 21, 2002 8:00 am DOCUMENT # POI 0000 42622 Secretary of State YP Labor Ready, INC. 05-21-2002 91140 034 ***150.00 DO NOT WRITE IN THIS SPACE 3. Mailing Address Principal Place of Business 3871 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Elorida 65-1102568 Hooida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. required when reinstating) January 1. - May 1. Fee Is \$150.00 After May 1. Fee Is \$550.00 Amended:UBR Is \$61:25 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITE F Pedro Pozo NAME NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33023 CÎTY-ST-ZIP CITY-ST-ZIE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TIME NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME -STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TÜLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SKIRATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR



#P01000042622 — (0633/3

Florida Profit

PYP LABOR READY, INC.

PRINCIPAL ADDRESS 3871 SW 31 CT **HOLLYWOOD FL 33023**

MAILING ADDRESS 3871 SW 31 CT **HOLLYWOOD FL 33023**

Document Number P01000042622

FEI Number NONE

Date Filed 04/27/2001

State FL

Status **ACTIVE** **Effective Date** NONE

Registered Agent

Name & Address

POZO-ORTIZ, PEDRO 3871 SW 31 CT HOLLYWOOD FL 33023

Officer/Director Detail

Name & Address	Title
POZO-ORTIZ, PEDRO 3871 SW 31 CT	PD
HOLLYWOOD FL 33023	

Annual Reports

Report Year	Filed Date	Intangible Tax