

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000084099

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** STAFFING SOLUTIONS EXTENDED SERVICES, INC.

**Current Principal Place of Business:**

3493 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 740524  
BOYNTON BEACH, FL 334740524

**New Mailing Address:**

**FEI Number:** 65-1133542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASCIO, CARL A ESQ  
525 NE 3RD AVENUE  
SUITE 102  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: COOPER, SYLVIA  
Address: 3493 HIGH RIDGE ROAD  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA COOPER

DPST

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date