2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089413

FILED Apr 06, 2009 Secretary of State

Entity Nar	ne: ALPHAS	STAFF SYSTEMS V, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 600	ORATE DRIV JDERDALE, F						
Current Mailing Address:				New Mailing Address:			
SUITE 600	ORATE DRIV I IDERDALE, F						
FEI Number: 65-1141336 FEI Number Applied For ()			FEI Nur	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
11380 PRO	DSPERITY FA	DNS NETWORK INC. ARMS ROAD #221E NS, FL 33410 US					
The above in the State	named entity of Florida.	submits this statement for	the purpose o	f changing i	ts registere	ed office or registered agent, or	both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered	Agent			Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BECK, ROBER 800 CORPOR) Delete RT A II ATE DRIVE SUITE 600 RDALE, FL 33334		Title: Name: Address: City-St-Zip:		(X) Change () Addition N, JAY ORATE DRIVE SUITE 600 DERDALE, FL 33334	
Title: Name: Address: City-St-Zip:	BECK, ROBER 800 CORPOR) Delete RT A II ATE DRIVE SUITE 600 RDALE, FL 33334		Title: Name: Address: City-St-Zip:		(X) Change () Addition JAMES C ORATE DRIVE SUITE 600 DERDALE, FL 33334	
Title: Name:	CEOP (STARKMAN, J) Delete AY		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JAY STARKMAN, BY V.HAWK AS ATTY-IN-FACT P 04/06/2009

800 CORPORATE DRIVE SUITE 600

FORT LAUDERDALE, FL 33334

FORT LAUDERDALE, FL 33334

() Delete

800 CORPORATE DRIVE SUITE 600

Address: City-St-Zip:

STD

STARKMAN, JÁY

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

800 CORPORATE DRIVE SUITE 600

FORT LAUDERDALE, FL 33334

STARKMAN, JAY