

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017676

Entity Name: P2P STAFFING CORP

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

5491 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

5491 N. UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 61-1405190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, HARRIS M SR
5491 UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCUTERO, VITO
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: KATZ, HARRIS
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: SOWELL, JERALD
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: BRADLEY, ROBERT
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: BEVILACQUA, JAY
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: WILHELM, MARCI
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HARRIS KATZ

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date