Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90234 035 ***158.75		
DOCUMENT # P02000038703 1. Entity Name OUTSIDE STAFFING, INC.							
Principal Place of Business 5929 JOHNSON STREET HOLLYWOOD FL 33021-5632		Mailing Address 5929 JOHNSON STREET HOLLYWOOD FL 33021-5632		!			
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		T CONTROL AND DESIGN SCALE CORE COME CONTROL SHOW AND A SOURCE CO.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	•	
City & State		City & State			- -	olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Addit Fee Required	tional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
TORRES, 5929 JOH		Name JACINTO G'ACCIÁ JR Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWO		5929 JOHNSON ST Lollywood FL Zip Code 33021					
SIGNATURE F Afte Make Chec	Synatus, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 It Payable to Florida Department of	f State	Registered Agent signal		-9. Election Campaign Financing \$5.00 Trust Fund Contribution. □ Added to		
10.	OFFICERS AND		TITLE P		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, JOSE A 5929 JOHNSON STREET HOLLYWOOD FL 33021-5632	≥ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5	2929 Johnson St. 33021	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, JACINTO JR 5929 JOHNSON STREET HOLLYWOOD FL 33021-5632	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	☐ Addition	
12. I hereby a indicated of the cor	i on this report or supplemental report is	true and accurate and that my wered to execute this report a	the exemption stat y signature shall he	ave the s	ction 119.07(3)(i), Florida Statutes. I further certify that the infosame legal effect as if made under oath; that I am an officer of Florida Statutes; and that my name appears in Block 10 or E	r director	