

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 29, 2007
Secretary of State**

DOCUMENT# P02000078110

Entity Name: FS MIAMI EMPLOYMENT INC.

Current Principal Place of Business:

1165 LESLIE STREET
TORONTO ONTARIO M3C2K8
TORONTO, ON M3C2K8 CA

New Principal Place of Business:

1435 BRICKELL AVENUE
MIAMI, FL 33131 US

Current Mailing Address:

1165 LESLIE STREET
TORONTO ONTARIO M3C2K8
CANADA, ON M3C2K8 CA

New Mailing Address:

FEI Number: 98-0376799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: TAYLOR, KATHLEEN
Address: 1165 LESLIE STREET
City-St-Zip: TORONTO, ON M3C2K8 CA

Title: DS () Delete
Name: GOMEZ, IGNACIO
Address: 1435 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131 US

Title: DT () Delete
Name: MCINNES, LORRAINE
Address: 1435 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COHEN, SARAH
Address: 1165 LESLIE STREET
City-St-Zip: TORONTO, ON M3C2K8 CA

Title: DS (X) Change () Addition
Name: ACEVEDO, RICARDO
Address: 1435 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131 US

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: SARAH COHEN

DP

05/29/2007

Electronic Signature of Signing Officer or Director

_____ Date