

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078304

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PROFESSIONAL STAFFING SERVICES, INC.

## Current Principal Place of Business:

251 MAITLAND AVE, STE 202  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

251 MAITLAND AVE  
SUITE 201  
ALTAMONTE SPRINGS, FL 32701 US

## Current Mailing Address:

251 MAITLAND AVE, STE 202  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

251 MAITLAND AVE  
SUITE 201  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 11-3645215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ, MICHAEL  
1095 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746 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: SCHWARTZ, MICHAEL  
Address: 1095 SHADOWMOSS CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: WOLF, ARI  
Address: 1723 SARONG PLACE  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL SCHWARTZ

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date