2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029436

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

N MIAMI, FL 33181

18071 SW 33 ST.

MIRAMAR, FL 33029

BATUNGBAKAL, NOEL A

(X) Delete

FILED Apr 22, 2005 Secretary of State

Entity Nar	ne: STAFF	ING SOLUTIONS	S UNLIMITED, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
18071 SW MIRAMAR,								
Current Mailing Address:				New Mailing Address:				
18455 MIR. 227 MIRAMAR,	AMAR PARI	KWAY						
FEI Number:		FEI Number A	pplied For() F	El Number Not Appli	cable ()	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
BATUNGB 18071 SW MIRAMAR,	AKAL, NOE 33 ST. FL 33029	LA US						
The above in the State		y submits this sta	atement for the purp	ose of changing it	s registere	ed office or registered agent	t, or both,	
SIGNATUR	RE:							
	Electr	onic Signature of	Registered Agent			Date		
Election Can	npaign Financ	ing Trust Fund Cor	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD VERGARA, L 12955 IXOR, N MIAMI, FL	4 RD		Title: Name: Address: City-St-Zip:	18071 SW	(X) Change () Addition AKAL, NOEL A 33 ST FL 33029		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	V LADETH, V 12955 IXO N MIAMI, F	RA RD		
Title: Name: Address:	S MACAISA, JA 12955 IXOR			Title: Name: Address:	,	(X) Change ()Addition RIZALINA P AMAR PARKWAY		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIRAMAR, FL 33029

() Change () Addition

SIGNATURE: NOEL A. BATUNGBAKAL PD 04/22/2005