2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000054376

Entity Name: ADVANCED STAFFING SOLUTIONS, INC.

Current Principal Place of Business:

511 ELDRON AVE STE 100
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

511 ELDRON AVE STE 100
DELTONA, FL 32738

New Mailing Address:

P O BOX 390606
DELTONA, FL 32739

FEI Number: 51-0465924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 323510000 US

Name and Address of New Registered Agent:

SOTO, ALEXA PRESIDE
511 ELDRON AVE
DELTONA, FL 32738 US

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: ALEXA SOTO 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SOTO, ALEXA
Address: 511 ELDRON AVE STE 100
City-St-Zip: DELTONA, FL 32738

Title: CFO ( ) Delete
Name: SOTO, GABRIEL
Address: 511 ELDRON AVE STE 100
City-St-Zip: DELTONA, FL 32738

Title: CEO ( ) Delete
Name: SOTO, GABRIEL
Address: 511 ELDRON AVE STE 100
City-St-Zip: DELTONA, FL 32738

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:

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.

SIGNATURE: ALEXA SOTO DP 04/30/2004
Electronic Signature of Signing Officer or Director Date