

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091623

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** PERSONNEL COORDINATORS, INC. OF FLORIDA

**Current Principal Place of Business:**

303 MOLNAR DRIVE  
ELMWOOD PARK, NJ 07407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1001  
ELMWOOD PARK, NJ 07407 US

**New Mailing Address:**

**FEI Number:** 54-2122473      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: D  
Name: BOFFA, JON  
Address: PO BOX 1001  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: PRES  
Name: BOFFA, JON  
Address: P.O. BOX 1001  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: V.P  
Name: BOFFA JR, ROBERT  
Address: P.O. BOX 1001  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: TRES  
Name: BOFFA, DANIEL  
Address: P.O. BOX 1001  
City-St-Zip: ELMWOOD PARK, NJ 07407

Title: SEC  
Name: BOFFA, BRIAN S  
Address: P.O. BOX 1001  
City-St-Zip: ELMWOOD PARK, NJ 07407

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BOFFA, JR

PRES

04/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date