2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106516

1. Entity Name
U FIRST STAFFING SOLUTIONS, INC.

FILED
04 APR 30 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
14054 SW 103 TERRACE MIAMI, FL 33186 US	14054 SW 103 TERRACE MIAMI, FL 33186 US

2. Principal Place of Business	3. Mailing Address
10850 SW 113 pl.	10850 SW 113 pl.
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. FEI Number: 20-0261797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAWA, DOROTHY 14054 SW 103 TERRACE MIAMI, FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAWA, DOROTHY 14054 SW 103 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD 600035731558 05/07/04--01011--018 **158.75	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LACRETE, GERARD JR C/O 14054 SW 103 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 6720 SW 127 pl. Miami, FL 33183	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THONY, BOLINA C/O 14054 SW 103 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 13878 SW 90 Ave. Apt. GG205 Miami, FL 33176	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BALBUENA, SONIA C/O 14054 SW 103 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 12561 SW 210 terr. Miami, FL 33177	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOASSIN, PATRICIA C/O 14054 SW 103 TERRACE MIAMI, FL 33186	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bolina Salomon Henry 4/29/04 786 234-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #