2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000121049

1. Entity Name
ATTE CLINICAL STAFFING, INC.

Principal Place of Business	Mailing Address
5617 NW 7 ST., STE. 205 MIAMI, FL 33126	5617 NW 7 ST., STE. 205 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
86- 4870
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
301 E. PINE ST., STE. 1400
ORLANDO, FL 32801

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAYA, RALPH
STREET ADDRESS	1150 NW 72ND AVE., #760
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	PD
NAME	RAMOS, PAUL M
STREET ADDRESS	9415 SUNSET DR. #195
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	CROSS, NICHOLAS
STREET ADDRESS	9800 SW 148TH TERR.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	PUIG, ALELIL
STREET ADDRESS	937-SW 72ND ST., #A-200
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80069-022 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #