

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121049

FILED
Apr 20, 2009
Secretary of State

Entity Name: ATTE CLINICAL STAFFING, INC.

Current Principal Place of Business:

5617 NW 7 ST., STE. 205
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5617 NW 7 ST., STE. 205
MIAMI, FL 33126

New Mailing Address:

FEI Number: 86-0004870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, PAUL M
5617 NW 7 STREET, STE 205
MIAMI, FL 33126 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 () Delete
Name: MAYA, RALPH
Address: 1150 NW 72ND AVE., #760
City-St-Zip: MIAMI, FL 33126

Title: PD () Delete
Name: RAMOS, PAUL M
Address: 9415 SUNSET DR. #195
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: CROSS, NICHOLAS
Address: 9800 SW 148TH TERR.
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: PUIG, ALELI L
Address: 937-SW 72ND ST., #A-200
City-St-Zip: MIAMI, FL 33173

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL RAMOS

PD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date