

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136225

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** BEST BENEFIT STAFFING AGENCY INC.

**Current Principal Place of Business:**

16990 NE 5 CT  
N MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 612882  
N MIAMI, FL 33261

**New Mailing Address:**

**FEI Number:** 34-2018356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUMSTEIN, LEONARD CPA  
1515 UNIVERSITY DR  
114  
CORAL SPRINGS, FL 33071 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: PRES ( ) Delete  
Name: WILLY, SAINTIDOR  
Address: PO BOX612882  
City-St-Zip: N.MIAMI BEACH, FL 33261

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** WILLY SAINTIDOR

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04/11/2009

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

\_\_\_\_\_  
Date