


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 017 ***150.00

DOCUMENT # P05000030089		
1. Entity Name L. G. STAFFING, INC.		

Principal Place of Business 1490 W 49 PLACE - # 590 HIALEAH, FL 33012	Mailing Address 1490 W 49 PLACE - # 590 HIALEAH, FL 33012
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2. Principal Place of Business 16751 NW 89 place	3. Mailing Address 16751 NW 89 place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI LAKE, FL	City & State MIAMI LAKE, FL
Zip 33018	Country Dade
Zip 33018	Country Dade



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2437468	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUERRA, LISBETH 1490 W 49 PLACE - # 590 HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name GUERRA, LISBETH Street Address (P.O. Box Number is Not Acceptable) 16751 NW 89 place City MIAMI LAKE FL Zip Code 33018
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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 <i>Lisbeth Guerra</i>	DATE 02/06/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, LISBETH 1490 W 49 PLACE - # 590 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRA, LISBETH 16751 NW 89 place MIAMI LAKE, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Lisbeth Guerra</i>	DATE: 02/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	