

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
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| <b>DOCUMENT # P05000037531</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| <b>1. Entity Name</b><br>INTERNATIONAL STAFFING COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| <b>Principal Place of Business</b><br>6850 CORAL WAY<br>#205<br>MIAMI FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                           | <b>Mailing Address</b><br>6850 CORAL WAY<br>#205<br>MIAMI FL 33155                |                                                                                                                                      |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | <b>3. Mailing Address</b> |                                                                                   |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | Suite, Apt. #, etc.       |                                                                                   |                                                                                                                                      |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | <b>City &amp; State</b>   |                                                                                   | <b>4. FEI Number</b> 20-3033414                                                                                                      |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | <b>Country</b>            |                                                                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                               |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                           | <b>7. Name and Address of New Registered Agent</b>                                |                                                                                                                                      |  |
| RICCI, LIA<br>6850 CORAL WAY<br>#205<br>MIAMI FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                                      |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                           |                                                                                   | <b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD<br>WOLF, LIA <input type="checkbox"/> Delete<br>6850 CORAL WAY #205<br>MIAMI FL 33155 |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                          |                           |                                                                                   |                                                                                                                                      |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                           |                                                                                   |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |                           |                                                                                   |                                                                                                                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b> |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <b>Lia Ricci (President)</b> <b>4/30/07</b> <b>(305) 801-4331</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                           |                                                                                   |                                                                                                                                      |  |