2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P06000033927

Entity Name: ARY'S PROFESSIONAL STAFFING, INC.

Current Principal Place of Business:

6595 NW 36 ST, SUITE 104
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

7855 NW 12 ST
SUITE 219
MIAMI, FL 33126 US

Current Mailing Address:

6595 NW 36 ST, SUITE 104
VIRGINIA GARDENS, FL 33166

New Mailing Address:

7855 NW 12 ST
SUITE 219
MIAMI, FL 33126 US

FEI Number: 20-4451621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ARIANNA
6595 NW 36 ST, SUITE 104
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

GONZALEZ, ARIANNA
7855 NW 12 ST
SUITE 219
MIAMI, FL 33126 US

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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, ARIANNA
Address: 6595 NW 36 ST, SUITE 104
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GONZALEZ, ARIANNA
Address: 7855 NW 12 ST
City-St-Zip: MIAMI, FL 33126

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: GONZALEZ ARIANNA D 04/30/2008
Electronic Signature of Signing Officer or Director — Date