2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/27/2008-90040-046-$150.00-$150.00

FILED

08 JUN 17 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/07)

DOCUMENT # P06000082708

1. Entity Name

OLORUN STAFFING CTR, INC.

Principal Place of Business	Mailing Address
692 W. 29TH ST. # 9 HIALEAH FL 33012	692 W. 29TH ST. # 9 HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #: 516 nw 57 ave
Suite, Apt. #, etc.: #201 A
City & State: Miami
Zip: FL 33126 Country

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip: 33126 Country: Do do

4. FEI Number: 20-5077337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEL NODAL, YENNI
20012 NW 62 CT
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: 516 nw 57 ave
Street Address (P.O. Box Number is Not Acceptable)
City: Miami FL Zip Code: 33126

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DEL NODAL, YENNI 20012 NW 62 CT. MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: ______________________ 4/30/8 3/667-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS