2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000126842

Entity Name: HEALTH STAFF SOLUTIONS INC.

Current Principal Place of Business:

1521 ALTON RD #546
MIAMI BEACH, FL 33139

New Principal Place of Business:

1521 ALTON RD. #546
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1521 ALTON RD #546
MIAMI BEACH, FL 33139

New Mailing Address:

1521 ALTON RD. #546
MIAMI BEACH, FL 33139 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: PD ( ) Delete
Name: EMAMI, SHAHRAM
Address: 10659 MUIRFIELD DR
City-St-Zip: POTOMAC, MD 20854

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EMAMI, SHAHRAM
Address: 10659 MUIRFIELD DR.
City-St-Zip: POTOMAC, MD 20854

Title: V ( ) Change (X) Addition
Name: EMAMI, SHAHRAM
Address: 10659 MUIRFIELD DR.
City-St-Zip: POTOMAC, MD 20854

Title: S ( ) Change (X) Addition
Name: EMAMI, SHAHRAM
Address: 10659 MUIRFIELD DR.
City-St-Zip: POTOMAC, MD 20854

Title: D ( ) Change (X) Addition
Name: EMAMI, SHAHRAM
Address: 10659 MUIRFIELD DR.
City-St-Zip: POTOMAC, MD 20854

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: SHAHRAM EMAMI P 04/26/2007
Electronic Signature of Signing Officer or Director Date