


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000136512
 1. Entity Name
PRO LOGIX STAFFING, INC.



Principal Place of Business: **9010 S.W. 137TH AVENUE, SUITE 202 MIAMI, FL 33186**
 Mailing Address: **9010 S.W. 137TH AVENUE, SUITE 202 MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number: **41-2217885** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOTO, ELIZABETH B
9010 S.W. 137TH AVENUE, SUITE 202
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTO, ELIZABETH B
STREET ADDRESS	9010 S.W. 137TH AVENUE, SUITE 202
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	V
NAME	SOTO, JOHNPAUL
STREET ADDRESS	9010 S.W. 137TH AVENUE, SUITE 202
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000848138
 03/20/08-80003-012 150.00

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: *Elizabeth Soto* **Elizabeth Soto** **2/29/08** **305-386-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #