2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136512

Entity Name: PRO LOGIX STAFFING, INC.

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Current Frincipal Flace Of Business. | New Fillicipal Flace Of Dusiliess. |

13155 SW 134TH ST, STE 106 13155 SW 134TH ST MIAMI, FL 33186

SUITE 106 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13155 SW 134TH ST, STE 106 13155 SW 134TH ST.

SUITE 106 MIAMI, FL 33186

MIAMI, FL 33186

FEI Number: 41-2217885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOTO, ELIZABETH B SOTO, ELIZABETH B 9010 Ś.W. 137TH AVENUE, SUITE 202 13155 S.W. 134TH STREET

MIAMI, FL 33186 US SUITE 106 MIAMI, FL 33186 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: ELIZABETH B. SOTO 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

SOTO, ELIZABETH B Name: Name: 9010 S.W. 137TH AVENUE, SUITE 202 Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip:

() Delete Title: Title: () Change () Addition

SOTO, JOHNPAUL Name: Name: 9010 S.W. 137TH AVENUE, SUITE 202 Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: ELIZABETH SOTO 04/29/2009