## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000138268

Entity Name: STAFFING MANAGEMENT, INC.

Apr 24, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

901 N.E. 182ND TERRACE 8056 BRIDGEPORT BAY CIRCLE NORTH MIAMI BEACH, FL 33162

MOUNT DORA, FL 32757

**Current Mailing Address: New Mailing Address:** 

901 N.E. 182ND TERRACE 8056 BRIDGEPORT BAY CIRCLE

MOUNT DORA, FL 32757 NORTH MIAMI BEACH, FL 33162

FEI Number: 20-5822541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

POYO, RITA POYO, RITA

901 NW 182ND TERRACE 8056 BRIDGEPORT BAY CIRCLE NORTH MIAMI BEACH, FL 33162 US MOUNT DORA, FL 32757

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: 04/24/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

POYO, RITA G Name:

8056 BRIDGEPORT BAY CIRCLE Address: City-St-Zip: MOUNT DORA, FL 32757

Title:

Name: POYO, RITA G

8056 BRIDGEPORT BAY CIRCLE Address: City-St-Zip:

MOUNT DORA, FL 32757

Title:

POYO, RITA G Name:

8056 BRIDGEPORT BAY CIRCLE Address: City-St-Zip: MOUNT DORA, FL 32757

Title:

POYO, RITA G Name:

8056 BRIDGEPORT BAY CIRCLE Address: City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: RITA G. POYO **PRES** 04/24/2012