2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2008
Secretary of State

DOCUMENT# P07000106685

Entity Name: A-1 MEDICAL STAFFING, CORP.

Current Principal Place of Business:

5900 W 20TH AVE
D
HIALEAH, FL 33016 US

New Principal Place of Business:

2639 WEST 72 ST
HIALEAH, FL 33016 US

Current Mailing Address:

2639 W 72ND ST
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 26-1140731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, AIME
2639 W 72ND ST
HIALEAH, FL 33016 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: P ( ) Delete
Name: PEREZ, AIME
Address: 2639 W 72ND ST
City-St-Zip: HIALEAH, FL 33016 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: FERNANADEZ, RAUL A
Address: 2639 WEST 72 ST
City-St-Zip: HIALEAH, FL 33016

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: AIME PEREZ P 02/23/2008

Electronic Signature of Signing Officer or Director Date