## FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90158 041 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Na	IMENT # P950000116 PERSONNEL STAFFING, IN		J 4W	jagoor			
782 NW LEJ #437	Principal Place of Business         Mailing Address           782 NW LEJEUNE RD.         782 NW LEJEUNE RD.           #437         #437           MIAMI, FL 33126 US         MIAMI, FL 33126 US						(1 <b>144)</b>
DO NOT WRITE IN THIS SPACE				04172006 4. FEI Numbe 65-0674	No Chg-P	CR2E034 (11/05)  Applie Not Ap S8.75 Addition Fee Required	d For
780 NW L STE. 427 MIAMI, FL		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  Signature. System or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND DI	RECTORS	1			<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP	DP ECHEZARRETA, MODESTO 1740 S. BAYSHORE LANE 8 S MIAMI, FL 33132 /1	45 S.W 70th St.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P. Penton, Seacio 7891 N.W 16976. Miami, FL 3:	Teir 3016					
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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							

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylors Prove &