2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000017707 DOCUMENT #

1. Entity Name



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90123 001 ***150.00

CORPORE SANO STAFFING, CORP.) 					
Principal Place of Business 2630 NE 203RD STREET. SUITE 106 AVENTURA FL 33180 US		Mailing Address 2630 NE 203RD STREET. SUITE 106 AVENTURA FL 33180 US									
2. Principal F	Place of Business	3. Mailing Address				1	1 10011082 114 ₂ 19101 Billio Balil Balil 1			ORANI TOTA TRANSPORT	
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING CH	ANGES		
City & Sta	te	City 8	City & State			4. F	El Number 65-0561298		-	oplied For ot Applicable	
Zip	Country	Zip	Zip Country			5. Co	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	Registered	l Agent			7. Na	ame and Address of New Reg	istered Agen	t		
					Name=	وترسع و	the second of the second	·		-	
MILLENIA			Street Address	(P.Q. Bo	ox Number is Not Acceptable).	a et 1					
	SCAYNNE BLVD			2630 N			x Number is Not Acceptable),	100			
MIAMI FL 33180										l	
		-			City Aver				Zip Code 333	100	
8. The above	named entity submits this statement	or the purpo	se of changing its re	gistere	ed office or register	ered agei	ent, or both, in the State of Florid	a. I am famili	ar with,	and accept	
the obliga	tions of register of agent						δi	4-21-0	3		
SIGNATURE Signature typed or printed name of registered agent anotation applicable. (NOTE: Registered Agent signature requ											
		ano-tue-rappie	CADIE. (NOTE: H	egistered	d Agent signature required	a when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Finan	cing	\$5.0	O May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribution.			to Fees	
10.	OFFICERS AND	DIRECTOR	S	11.		ADD	DITIONS/CHANGES TO OFFICE	RS AND DIR	ECTORS	S IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a ether like empowered.

SIGNATURE:

REQUIRED ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #