## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000087684

GONZALEZ, NÍTZA

MIAMI, FL

3971 SW 8 ST., #205

Name:

Address:

City-St-Zip:

FILED Jan 07, 2009 Secretary of State

Entity Nan	ne: POINCI	ANA STAFFING SERVICES, INC			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
3971 S.W. SUITE 205 MIAMI, FL	8TH STREE 33134	T			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
3971 S.W. SUITE 205 MIAMI, FL	8TH STREE 33134	T			
FEI Number:	65-0630956	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
GONZALEZ, NITZA V 3971 SW 8TH ST., #205 FOURTH FLOOR MIAMI, FL 33134 US			3971 SW 8TH ST. SUITE 205	GONZALEZ, NITZA V 3971 SW 8TH ST. SUITE 205 MIAMI, FL 33134 US	
The above in the State		y submits this statement for the pu	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				01/07/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LARRIEU, RE	( ) Delete ENE P I'H STREET, SUITE 205	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LARRIEU, GL	()Delete LORIA M I'H STREET, SUITE 205	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	VPAS	( ) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NITZA GONZALEZ VΡ 01/07/2009