

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P96000030330

1. Entity Name
AMERICAN STAFFING, INC.



Principal Place of Business
601 NORTH CONGRESS AVE
SUITE 113
DELRAY BEACH, FL 33445

Mailing Address
601 NORTH CONGRESS AVE
SUITE 113
DELRAY BEACH, FL 33445



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIASI, LOUIS
601 NORTH CONGRESS AVE
SUITE 113
DELRAY BEACH, FL 33445

**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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIASI, LOUIS
STREET ADDRESS	601 NORTH CONGRESS AVE #113
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	D
NAME	BAKER, CYNTHIA
STREET ADDRESS	601 NORTH CONGRESS AVE #113
CITY-ST-ZIP	DELRAY BEACH, FL 33445

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/06/08-80031-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08
Date

Daytime Phone #