
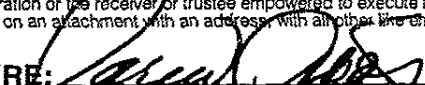


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000074529			
1. Entity Name SPOTO STAFFING SERVICES, INC.			
Principal Place of Business 3502 HENDERSON BLVD SUITE S-300 TAMPA, FL 33609 US		Mailing Address 3502 HENDERSON BLVD SUITE S-300 TAMPA, FL 33609 US	
DO NOT WRITE IN THIS SPACE			
		04132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2987944	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPOTO, CARMEN 3502 HENDERSON BLVD STE 300 TAMPA, FL 33609		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000116368 04/16/04-80061-023 158.75
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	SPOTO, CARMEN		
STREET ADDRESS	3502 HENDERSON BLVD #S-300		
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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 another line empowered.			
SIGNATURE: 		4/14/2004 813 872-6886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	