

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049493 (4)

1. Corporation Name  
VIRTUAL STAFFING, INC.

Principal Place of Business 319 TARPON FT LAUDERDALE FL 33301	Mailing Address 319 TARPON FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/05/1997

2. Principal Place of Business 21 3200 Port Royale North Suite, Apt. #, etc. 22 Suite 2005 City & State 23 Fort Lauderdale FL Zip 24 33308 Country 25 USA	2a. Mailing Address 26 3200 Port Royale North Suite, Apt. #, etc. 27 Suite 2005 City & State 28 Fort Lauderdale FL Zip 29 33308 Country 30 USA
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4. FEI Number  
65-0755989  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALCHOFNER, ARUN  
319 TARPON  
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name ARUN Kalchofner	85 Zip Code 33308
82 Street Address (P.O. Box Number is Not Acceptable) 3200 Port Royale North	
83 Suite 2005	
84 City Fort Lauderdale	

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-98

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D	<input type="checkbox"/> DELETE
NAME KALCHOFNER, ARUN	
STREET ADDRESS 319 TARPON	
CITY - ST - ZIP FT LAUDERDALE FL 33301	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ARUN, Kalchofner	
1.3 STREET ADDRESS 3200 Port Royale North, Suite 2005	
1.4 CITY - ST - ZIP Fort Lauderdale, FL 33308	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-29-98 (251) 351-0824