2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2007 8:00 am Secretary of State **DOCUMENT # P97000091323** 05-04-2007 90084 043 ***150 00 STAFFLINK OUTSOURCING, INC. Principal Place of Business Mailing Address 1776 N PINE ISALNE 1776 N PINE ISALNE auros. 108 108 PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address MONRIE ISland 776 NPINE ISland Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) Chg-P 801 80 City & State Plantation, Fl City & State 4. FEI Number Applied For antation 65-0788936 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33<u>99</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent rinkels kin, Abram FINKELSTEIN, ABRAM Street Address (P.O. Box Number is Not Acceptable) 1100 N RIOR TSI and Kd. St. 108 150 S. PINE ISLAND RD. SUITE 100 PLANTATION, FL 33324 City 1antation 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. name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE Change . TITLE ☐ Delete Addition FLAN FURTH ABRAM FINKELSTEIN NAME NAME STREET ADDRESS 150 S. PINE ISLAND RD. #100 STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 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.

FILED