

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057303

Entity Name: A.M. CARE STAFFING, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

1190 NE 163 ST
SUITE 310
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1190 NE 163 ST
SUITE 310
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

804 VERONA LAKE DR
WESTON, FL 33326

FEI Number: 65-0849894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, AMELIA
804 VERONA LAKE DRIVE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOLINGAN, MARIO
Address: 804 VERONA LAKE DRIVE
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: PEREZ, AMELIA
Address: 804 VERONA LAKE DR
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: AMELIA PEREZ

S

01/10/2009

Electronic Signature of Signing Officer or Director

Date