FILED

Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90112 011 ***150.00

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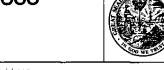
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2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

1. Entity Name

STAFF USA, INC.



Principal Place of Business 8001 SW 36 STREET STE 9 FORT LAUDERDALE FL 33328

2. Principal Place of Business

Mailing Address PO BOX 5208 FT LAUDERDALE FL 33310

3. Mailing Address

Suite, Apt. #, etc.		Suite, Apt. #, etc	C.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 65-0858960	Applied For Not Applicable			
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	,			Name					
SAMUELS, LEONARD K ESQ. 350 E LAS OLAS BLVD STE 1000 FT LAUDERDALE FL 33301			Street Address (P.O. Box Number is Not Acceptable)						
			City		FL Zip Code				

8. The above named entity submits this statement for the purp	ose of changing its registered of	ffice or registered agent, or both,	in the State of Florida.	I am familiar with, and accep
the obligations of registered agent.				

11.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

NAME STREET ADDRESS	DP ROSENBERG, RALPH 2929 EAST COMMERCIAL BLVD. #306 FORT LAUDERDALE FL 33308	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	<u></u> Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUTHRIE, WILLIAM 2929 E COMMERICAL BLVD #306 FT LAUDERDALE FL 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange -	Addition
TITLE 'NAME STREET ADDRESS CITY-ST-ZIP	ال د الدوليسيان الجميدة له موالت الا لا تاليان	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ch	ange	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange	Addition .

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 all other like empowered.

REQUIREWIlliam Guthrie