2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATUR

May 04, 2005 8:00 am Secretary of State **DOCUMENT # P98000073404** 1. Entity Name 05-04-2005 90171 007 ***150.00 CRAMSTAFF INTERNATIONAL, INC. Principal Place of Business Mailing Address 260 CRANDON BLVD 260 CRANDON BLVD STE 32 #154 STE 32 #154 KEY BISCAYNE FL 33149 **KEY BISCAYNE FL 33149** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0869255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 105E Robeigo UMANA, JOSE RODRIGO 455 WOODCREST ROAD KEY BISCAYNE FL 33149 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE Addition Change UMANA, JOSE Rodrigo UMANA, JOSE R NAME NAME 260 CRANDON BLVD., STE. 32, #154 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CHY-ST-7iP ☐ Delete TITLE UMBNA RODRIGO UMANA, RODRIGO NAME NAME 260 CROWDON Blud 5/E 32 HIS4 STREET ADDRESS 260 CRANDON BLVD, STE, 32-#154 STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE GALANS, ESPERANZA NAME NAME 260 cean son Blue 5/2 32#154 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

FILED