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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: PROFESSIONAL MANAGEMENT STAFFING, INC. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Moises Labranche (Name of Contact Person) |
| ML Consultants (Firm/Company) |
| 4699 NW 7th Ave (Address) |
| Miami, FL 33127 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Wilma Gasal at (305) 525-1822 (Name of Contact Person) (Area Code & Daytime Telephone Number) |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section



December 5, 2006

MOISES LABRANCHE ML CONSULTANTS 4699 NW 7TH AVE. MIAMI, FL 33127

SUBJECT: PROFESSIONAL MANAGEMENT STAFFING, INC.

Ref. Number: P99000055114

We have received your document for PROFESSIONAL MANAGEMENT STAFFING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 506A00069539

Thelma Lewis
Document Specialist Supervisor

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Professional Management Staffing, Inc. 2. The principal office address: 1444 Biscayne Blvd., Sk. 1442 |
| miami, FL 33/32 3. The mailing address (if different): SAME |
| 4. Date of incorporation/qualification: 6/17/99 Document number: P99000055/14 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Wilma Gasal |
| 1835 E. Hallandale Beach Blvd., Ste 298 |
| Hallandale, FL 33009 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Wilma Gasal 4699 NW 7th Ave |
| (P.O. Box NOT acceptable) |
| |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Wilma Gasal President (Signature of an officer or director) (Printed or typed name and little) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 12/01/06 |
| (Signature of Registered Agent) (Date)' If signing on behalf of an entity: |
| (Typed or Printed Name) |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)