04-03-2007 90008 020 ***150.00
05-30-2007 90006 042 ***300.00
P99000087187

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
07 JUN -4 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087187

1. Entity Name
Staffing Architects Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 06-07
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 3122 Glouchester Dr.	Suite, Apt. #, etc.: 3122 Glouchester Dr.
City & State: Troy MI	City & State: Troy MI
Zip: 48084 Country: USA	Zip: 48084 Country: USA

4. FEI Number: 65-0951982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Frank Gutta C.P.A P.A

Street Address (P.O. Box Number is Not Acceptable):
490 Sawgrass Corporate Pkwy. Suite 310

City: Sunrise FL Zip Code: 33325

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 _____ (Signature of new registered agent, if changed) (Name of new registered agent, if changed, typed or printed) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Venkata Ramana Atluri 3122 Glouchester Dr Troy MI 48084	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$6/7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sumitha Atluri 3122 Glouchester Dr Troy MI 48084	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 05/15/07 248-635-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number