

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000095162

1. Entity Name
DIVERSIFIED STAFFING, INC.



Principal Place of Business
600 N. PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324

Mailing Address
600 N. PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0959487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARBELAEZ, RENEE
290 174TH ST., APT. 501
SUNNY ISLES, FL 33160

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000202128
01/28/05-80094-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARBELAEZ, RENEE
STREET ADDRESS 290 174TH ST., APT. 501
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VD
NAME HOLLINS, NANCEE
STREET ADDRESS 11379 SEAGRASS CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee
Arbelaez 1/25/05 954-
315-0259

Date

Daytime Phone #