2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P99000095162

Entity Name: DIVERSIFIED STAFFING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0959487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARBELAEZ, RENEE
Address: 290 174TH ST., APT. 501
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD ( ) Delete
Name: HOLLINS, NANCEE
Address: 11379 SEAGRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE ARBELAEZ PD 03/05/2009

Electronic Signature of Signing Officer or Director Date