

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017676

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: P2P STAFFING CORP

## Current Principal Place of Business:

5491 N. UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

5491 N. UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067

## New Mailing Address:

FEI Number: 61-1405190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KATZ, HARRIS M SR  
5491 UNIVERSITY DRIVE  
SUITE 203  
CORAL SPRINGS, FL 33067 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: P ( ) Delete  
Name: SCUTERO, VITO  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: KATZ, HARRIS  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: SOWELL, JERALD  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: BRADLEY, ROBERT  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: BEVILACQUA, JAY  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: WILHELM, MARCI  
Address: 5491 N. UNIVERSITY DRIVE, SUITE 203  
City-St-Zip: CORAL SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: HARRIS KATZ

D

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date