04/24/2003 THU 13:21 FAX 305 375 2933 ACCOUNTING DEPT

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085735

1. Entity Name
HISPANIC SERVICE SOLUTION, INC.

Principal Place of Business	Mailing Address
3586 N.W. 41 STREET SUITE #C-319 MIAMI FL 33142	3586 N.W. 41 STREET SUITE #C-319 MIAMI FL 33142

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10691 N Kendall Drive	Same as # 2
Suite, Apt. #, etc.: # 201	Suite, Apt. #, etc.:
City & State: Miami FL	City & State:
Zip: 33176 Country: USA	Zip: Country:

4. FEI Number 69-0004900 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIRENA, ANA C 3686 N.W. 41 STREET SUITE #C-319 MIAMI FL 33142	Name: MAIRENA, Ana C. Street Address (P.O. Box Number Is Not Acceptable): 10691 N. Kendall Drive Suite #201 City: Miami FL Zip Code 33176

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] 4/28/03
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, 2003, Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAIRENA, ANA C		NAME		
STREET ADDRESS	3586 NW 41ST STREET, C-319		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/03