

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000068777

1. Entity Name
U.S PROFESSIONAL SERVICES INC.



Principal Place of Business
701 E 9 STREET
HIALEAH, FL 33010

Mailing Address
15476 NW 77 COURT
324
MIAMI LAKES, FL 33016



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0051766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAN MARTIN, REINALDO
15476 NW 77 COURT
324
HIALEAH, FL 33016

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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 reinitiating)

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**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SAN MARTIN, REINALDO
STREET ADDRESS 15476 NW 77 COURT # 324
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE V
NAME SAN MARTIN, MARIA E
STREET ADDRESS 15476 NW 77 COURT # 324
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE S
NAME RODRIGUEZ, KIRMA
STREET ADDRESS 15476 NW 77 COURT # 324
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000291113
04/07/05-80018-001 150.00

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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)(f), 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

03-1-05

Date

Daytime Phone #