
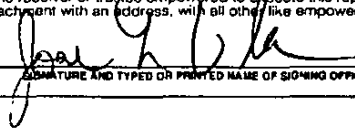


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2005-90162-027-\$70.00-\$70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:14

DOCUMENT # P04000171687					
1. Entity Name SER-ONE-STOP SOLUTIONS, INC.					
Principal Place of Business P.O. BOX 661597 MIAMI SPRINGS, FL 33266			Mailing Address P.O. BOX 661597 MIAMI SPRINGS, FL 33266		
2. Principal Place of Business 5600 NW 36 ST Suite, Apt. #, etc. 561		3. Mailing Address PO BOX 661597 Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI SPRINGS, FL		4. FEI Number 20-2090276	
Zip 33122		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33122		Country		6. Name and Address of Current Registered Agent CELA, JOSE L 5600 NW 36 ST. SUITE 561 MIAMI, FL 33166	
Zip 33122		Country		7. Name and Address of New Registered Agent Name JOSE L. CELA Street Address (P.O. Box Number is Not Acceptable) 5600 NW 36 STREET SUITE 561 City MIAMI FL Zip Code 33122	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete	CHAIR RICHARD TERRELONGE 12342 SW 140 ST. B-10 MIAMI, FL 33186		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	200055532662 05/31/05--01066--007 *\$88.75	
NAME	VICE CHAIR DANIEL LLANO 14140 SW 40 TERR MIAMI, FL 33173		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CEO JOSE L CELA 5600 NW 36 ST, #561 MIAMI, FL 33122		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, will all other like empowered.					
SIGNATURE: 			1/25/4 3058712820		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		