


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90026 016 ***158.75

| | | | | | |
|---|---------------------------|--|---|---|--|
| DOCUMENT # P04000171687 | | | |  | |
| 1. Entity Name SER-ONE-STOP SOLUTIONS, INC. | | | | | |
| Principal Place of Business 5600 N.W. 36 STREET, #561 MIAMI, FL 33122 | | Mailing Address P.O. BOX 664597 MIAMI SPRINGS, FL 33266-1597 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-2090276 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SER JOBS FOR PROGRESS, INC. 5600 N.W. 36 STREET, #561 MIAMI, FL 33122 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00 | | 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 | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JULIA, CARLOS | | NAME | Marcelo Beruvides | |
| STREET ADDRESS | 4805 NW 7 ST APT 208 | | STREET ADDRESS | 3121 SW 82 Ct | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | CITY-ST-ZIP | Miami, FL 33155 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | CEO | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CELA, JOSE L | | NAME | Chairman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5600 N.W. 36 STREET, #561 | | STREET ADDRESS | Richard Terrelonge | |
| CITY-ST-ZIP | MIAMI, FL 33122 | | STREET ADDRESS | 12342 SW 140 St. (C-13) | |
| TITLE | | <input type="checkbox"/> Delete | CITY-ST-ZIP | Miami, FL 33186 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | VC | |
| STREET ADDRESS | | | STREET ADDRESS | Daniel Llanos-Montes | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 14140 SW 40 Terr | |
| TITLE | | <input type="checkbox"/> Delete | CITY-ST-ZIP | Miami, FL 33173 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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01112008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2090276 Applied For Not Applicable

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

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 5600 N.W. 36 STREET, #561
 MIAMI, FL 33122

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Please Sign & Return

Jose L. Cela
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/15/08
 Daytime Phone #: 305 871 2820