


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 036 ***150.00

DOCUMENT # P07000012934

1. Entity Name
SEGURO-MEX EMPLOYEE SOLUTIONS INC.




Principal Place of Business Mailing Address
14644 MARTIN LUTHER KING BLVD **14644 MARTIN LUTHER KING BLVD**
DOVER, FL 33527 **DOVER, FL 33527**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3401 LINDSEY ST **3401 LINDSEY ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DOVER FL **DOVER FLORIDA**
 Zip Country Zip Country
33527 USA **33527 USA**

6. Name and Address of Current Registered Agent
TREJO, CLAUDIA F
14644 MARTIN LUTHER KING BLVD
DOVER, FL 33527

000441J



05292008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-8351340 Not Applicable

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

7. Name and Address of New Registered Agent

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 *[Signature]* DATE **05-30-2008**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREJO, CLAUDIA 3405 LINDSEY ST DOVER, FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESUS FELIX ST 3401 LINDSEY ST DOVER FL 33527 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREJO, LUIS A 3405 LINDSEY ST DOVER, FL 33527 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER YADIRA FELIX 3401 LINDSEY ST. DOVER, FL 33527 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 authority to be empowered.

SIGNATURE: *[Signature]* DATE: **0530-08** Daytime Phone #: **(813) 7177-7808**
Signature and typed or printed name of signing officer or director Date Daytime Phone #