
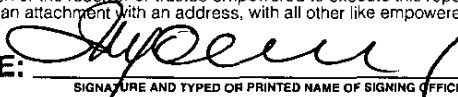


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-21-2004 90091 040 ***150.00

DOCUMENT # P00000022532 1. Entity Name U.S. EMPLOYER SOLUTIONS, INC.			
Principal Place of Business 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173		Mailing Address 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173	
2. Principal Place of Business 8600 NW 17th Street Suite, Apt. #, etc. # 110		3. Mailing Address 8600 NW 17 street Suite, Apt. #, etc. Suite #110	
City & State Miami, FL		City & State Miami, FL	
Zip 33126		Zip 33126	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MORENO, JULIO C 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8600 NW 17 Street, #110 City Miami	
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.		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 D	NAME MORENO, JULIO C	TITLE President	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9999 SUNSET DRIVE, SUITE 205	CITY-ST-ZIP MIAMI, FL 33173	NAME 8600 NW 17th Street, #110	STREET ADDRESS Miami, FL 33126
TITLE D	NAME MORENO, JULIO C JR	TITLE Vice President	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9999 SUNSET DRIVE, SUITE 205	CITY-ST-ZIP MIAMI, FL 33173	NAME 8600 NW 17 Street #110	STREET ADDRESS Miami, FL 33126
TITLE _____	NAME _____	TITLE Director	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	NAME JACOB LEHTIO	STREET ADDRESS 8600 NW 17 Street, #110
TITLE _____	NAME _____	CITY-ST-ZIP Miami, FL 33126	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	TITLE _____	NAME _____
TITLE _____	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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: 		5/4/04 305-279-4799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66420197




05032004 Chg-P CR2E034 (10/03)

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/21/2004-90091-040-\$150.00-\$150.00

DOCUMENT # P00000022532			
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2. Principal Place of Business 8600 NW 17 Street Suite, Apt. #, etc. Suite 110 City & State Miami, FL Zip 33126 Country USA		3. Mailing Address 8600 NW 17 Street Suite, Apt. #, etc. Suite 110 City & State Miami, FL Zip 33126 Country USA	
4. FEI Number NOT APPLICABLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, JULIO C 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8600 NW 17 Street Suite 110 City Miami, FL Zip Code 33126	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, JULIO C 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 NW 17 Street, #110 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, JULIO C JR 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 NW 17 Street, #110 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACOB-LEANTO 8600 NW 17 STREET, #110 MIAMI, FL 33126
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
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
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 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: <u>Julio C. Moreno</u>		Date: <u>4/16/04</u> Daytime Phone #: <u>305-279-4799</u>	

Attachment
66420197