2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 07, 2004 8:00 am Secretary of State DOCUMENT # P00000022532 04-21-2004 90091 040 ***150.00 U.S. EMPLOYER SOLUTIONS, INC. Principal Place of Business Mailing Address **66420197** 9999 SUNSET DRIVE, SUITE 205 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173 MIAMI, FL 33173 3. Mailing Address 2. Principal Place of Business 8600 NW 17 Suite, Apt. #, etc. Suite, Apt. #, etc. 05032004 CB2E034 (10/03) Chg-P O11 # Sus Applied For 4. FEI Number City & State City & State Fi <u> 121</u> NIGH NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 4 &C Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORENO, JULIO C Street Address (P.O. Box Number is Not Acceptable) 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173 Zip Code 33 126 iam 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 reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE **☑** Change MORENO, JULIO C 8600 NW 17th Street, #110 NAME NAME STREET ADDRESS 9999 SUNSET DRIVE, SUITE 205 STREET ADDRESS CITY-ST-ZIP Mani, th MIAMI, FL 33173 CITY-ST-7IP VICE President TITLE ☐ Delete TITLE 8600 NW IN Street #110 MORENO, JULIO C JR NAME NAME STREET ADDRESS 9999 SUNSET DRIVE, SUITE 205 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Director TACOS LENTIO-8600 NW 17 Street, #110 NAME NAME STREET ADDRESS STREET ADDRESS MIANI FL 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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

2004 FOR PROFIT CORPORATION

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DOCUMENT # P00000022532 1. Entity Name U.S. EMPLOYER SOLUTIONS, INC.					At	tachi	nent	
					Attachment 66420197			
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zip 333			Count	"USA	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	7. Name and Address of New Registered Agent						
MODENO	111100				· ~ · ~ }-			
MORENO, JULIO C 9999 SUNSET DRIVE, SUITE 205 MIAMI, FL 33173: ﷺ				Street Address (P.O. Box Number is Not Acceptable)				
MICHAEL STATE OF THE STATE OF T				Suite 110				
r				City MAS	* i~		FL Zip (23126
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 Fiorida. I am familiar with, and accept the obligations of registered agent:								
SIGNATURE								
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
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12. I hereby	certify that the information supplied with	this filling does not qualify for	the exe	mption stated in 5	Section 119.07(3)	(i), Florida Statutes. I	I further certify that the	he 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 ceth; that I am an officer or director of the corporation or the received to 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 without supplemental time empowered.								
changed, or on an attachment with an other like empowered.								
SIGNATURE: JULIO C. MORENO 4/16/04 3052794799								
SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cale Daylore Phone #								