

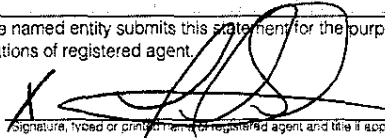
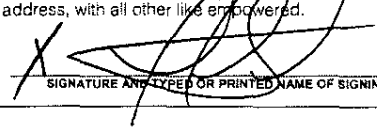
02-03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 29 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085211			
1. Entity Name First Resource Services Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 14914 SW 37 St.		3. Mailing Address 14914 SW 37 St.	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310	
City & State Miami, Fl.		City & State Miami, FL.	
Zip 33185	Country USA	Zip 33185	Country USA
4. FEI Number 65-1040229		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Lorenzo Hernandez			
Street Address (P.O. Box Number is Not Acceptable) 14914 SW 37 St.			
City Miami		FL	Zip Code 33185
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 reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lorenzo Hernandez PD 14914 SW 37 St. Miami, FL. 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600018459286 05/07/03--01087--016 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CR2E034B (12/02)

9/4/30

ATTACHMENT

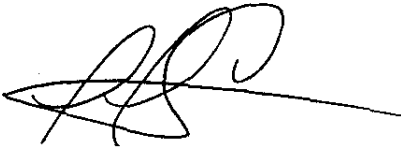
March 10, 2003

First Resource Services, Inc.
P00000085211

Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

~~As per my conversation with the specialist at the Division of Corporations First Resource~~
~~Services, Inc. never received its annual business report. Therefore, we have submitted~~
~~with this letter the enclosed UBR. Also enclosed is the appropriate annual fee.~~

Sincerely,



Hernandez, Lorenzo
President

3/10/2003